

Sika Corporation

RECEIVED
01/31/03

Via UPS Overnight Mail
(212) 637-4976

January 30, 2003

Mr. Seth Ausubel
Remedial Project Manager
United States Environmental Protection Agency, Region II
Emergency and Remedial Response Division
290 Broadway, 19th Floor
New York, New York 10007-1866

RE: Request for Information Pursuant to the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. Section 9601 et seq., re: Berry's Creek Study Area, Bergen County, New Jersey

Dear Mr. Ausubel:

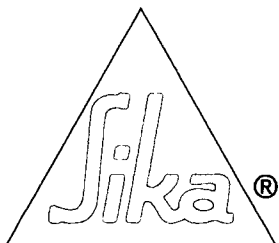
Sika Corporation ("Sika") hereby responds to the Request for Information Pursuant to the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. Section 9601 et seq., re: Berry's Creek Study, Bergen County, New Jersey (hereinafter referred to as the "Request").

Reference is made to "Paragraph B(1) of the Definitions set forth in the Instructions for Responding to Request for Information," which states:

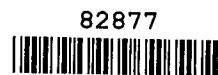
"As used herein, the term "Sika Chemical Corporation Site," or "Site" shall be the property or properties located at 201 Polito Avenue; and/or 1000 Wall Street West; and/or 875 Valley Brook Avenue; and or 862 Valley Brook Avenue, Lyndhurst, Bergen County, New Jersey, and comprised in whole or in part, of Block 230, Lot 1; and/or Block 233, Lot 6A, Borough of Lyndhurst."

For the purposes of this Request, Sika's responses are limited to the addresses known as 201 Polito Avenue and 875 Valley Brook Avenue also known as Lot 8.01, Block 226, and Lot 5, Block 233, To the undersigned's knowledge as of the date hereof, Sika has never owned, leased or operated the sites identified in Paragraph B(1) identified as 862 Valley Brook Avenue, or 1000 Wall Street West, or Block 233, Lot 6A, or Block 230, Lot 1. (The source of his information is Title Report No. LX-001112-97 issued by Lenox Title Agency dated June 24, 1997).

Sika's responses to the Request are set forth below, and refer to the numerical identification set forth in the Request.



Sika Corporation, 201 Polito Avenue, Lyndhurst NJ 07071, USA
Tel: 201 933 8800, Fax: 201 804 1076, www.sikausa.com



Sika Corporation

1(a) Sika Corporation, 201 Polito Avenue, Lyndhurst, New Jersey 07071.

1(b) Sika Corporation was incorporated in the State of New Jersey.

1 (c) Mr. Enrico Tissi, President & Chief Executive Officer, c/o Sika Corporation, 201 Polito Avenue, Lyndhurst, New Jersey 07071; and (ii) Dr. Walter Gruebler Chairman of the Board of Directors, c/o Sika AG, Zugerstrasse 50, CH-6341 Baar, Postfach 429, Switzerland.

1(d) Sika Corporation is a wholly-owned subsidiary of Sika AG, a Swiss corporation. Dr. Walter Gruebler is the Chief Executive Officer of Sika AG. Dr. Hans Peter Ming is the Chairman of the Board of Directors of Sika AG.

1(e) Sika Corporation was incorporated on July 17, 1937, in the State of New Jersey. CT Corporation is Sika Corporation's registered agent for service of process in New Jersey.

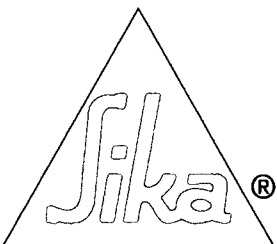
1(f) Sika Corporation was incorporated on July 17, 1937, under the name of Akis Chemical Company. On August 12 1943, the name of the corporation was changed to Sika Chemical Corporation. On November 29, 1990, the name of the corporation was changed to Sika Corporation.

2. Sika Corporation owns the property at 201 Polito Avenue and 875 Valley Brook Avenue, identified as Lot 8.01, Block 226 and Lot 5, Block 233 consisting of 14.7 acres.

Sika Corporation owns the vacant land located at 860 Pennsylvania Avenue, Lyndhurst, New Jersey.

Upon information and belief, Sika Corporation leased sales and marketing office space at 1280 Wall Street, Lyndhurst, during the early 1980s.

3. Manufacturing operations are conducted at the 875 Valley Brook Avenue site. The United States corporate headquarters and Research and Development function are housed at the 201 Polito Avenue location. Sika's operations at the 875 Valley Brook Avenue, Lyndhurst, site commenced in 1967. Sika is engaged in the manufacture of cementitious products, admixtures, sealants, epoxies and coatings for the construction industry and the industrial sector. The manufacture of epoxies ceased at the 875 Valley Brook Avenue, Lyndhurst, facility in approximately 1993-1994. The manufacture of coatings ceased at the 875 Valley Brook Avenue, Lyndhurst, facility in 2000. The manufacture of admixtures ceased at the 875 Valley Brook Avenue, Lyndhurst, facility in 2001. See also response to 1(f)
4. Sika Corporation has owned the site since approximately July 5, 1966 and commenced operations at the site in 1967.



Sika Corporation

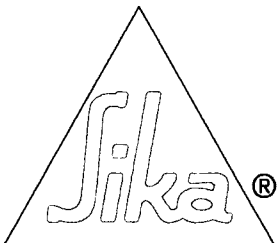
5. Sika purchased the site from Charles L. Huisking & Co., and upon information and belief, Charles L. Huisking & Co. used the site for the storage and/or manufacture of soap products and other similar purposes. Upon information and belief, prior to the ownership of the site by Charles L. Huisking & Co., the site was formerly used as a copper mine and subsequently as an ammunition depot.
6. Sika Chemical Corporation is the former name of Sika Corporation. See also response to 1(f).
7. Sika is engaged in the manufacture of cementitious products, admixtures, sealants, epoxies and coatings for the construction industry and the industrial sector. The manufacture of epoxies ceased at the 875 Valley Brook Avenue, Lyndhurst, facility in approximately 1993-1994. The manufacture of coatings at the 875 Valley Brook Avenue, Lyndhurst, facility ceased in 2000. The manufacture of admixtures at the 875 Valley Brook Avenue, Lyndhurst, facility ceased in 2001. Early on, a majority of the research and development activities at the 201 Polito Avenue site involved the domestication of formulations developed overseas for products known as polyurethane, epoxies, admixtures, resins and mortars. Research and development activities at the 201 Polito Avenue site currently include the domestication and/or the formulation of products known as polyurethane, epoxies, admixtures, resins and mortars.
8. Not Applicable
9. All waste is and was removed from the site. Prior to the State of New Jersey adopting the uniform manifest system no hazardous wastes were disposed of on the site. Sika used various waste haulers to remove the material. There are no documents prior to the manifest system being in place. Since the hazardous waste regulations went into effect, waste is identified and is determined to be hazardous or non-hazardous based upon NJDEP and USEPA Regulations. Hazardous waste is then labeled to identify the material, generator, and the "accumulation start" date. Hazardous Waste is properly containerized and held at the facility for the accepted time period until removed from site by a permitted hazardous waste disposal contractor.
10. Lyndhurst Hazardous Materials Permit No. 33

Passaic Valley Sewerage Commissioners - 18407224

NJDEP Hazardous Waste – NJD002179893

NJDEP Air Permits - 066976
091344 (PCP960002)

116994 (PCP960001)
046009



Sika Corporation

091345 (PCP960003, PCP970002)	035472 (PCP960004)
043949	044170
044171	110354 (PCP960005)
046023	046738
105195 (PCP960006, PCP 990003)	091347
048824	074689
060399	106740
091348	062632
109237 (PCP960007)	129271 (PCP960008)
064507 (PCP960009)	064508 (PCP960010)
091699	091700 (PCP960011)
100130 (PCP960013, PCP970003)	116337 (PCP960012)
117315 (PCP960014)	108766
116995 (PCP960015)	104596 (PCP960016)
105196 (PCP960017)	107787 (PCP960018)
107788 (PCP960019, PCP970004)	108468 (PCP960020)
116996 (PCP960021)	116997 (PCP960022)
117229 (PCP960023)	117316 (PCP960024)
117433 (PCP960025)	117434 (PCP960026)
117436 (PCP960028, PCP990002)	117435 (PCP960027)
125585 (PCP960029)	125586 (PCP960030)
125587 (PCP960031)	125588 (PCP960032)
125589 (PCP960033)	125590 (PCP960034)
125591 (PCP960035)	125592 (PCP960036)
125593 (PCP960037)	125594 (PCP960038)
125595 (PCP960039)	125596 (PCP960040)
126188 (PCP960042, PCP970003)	126026 (PCP960041)
PCP980001	
PCP980002 (PCP980003, PCP990001)	
116996 (PCP960021, PCP980002, PCP980003)	
116997 (PCP960022, PCP980003)	

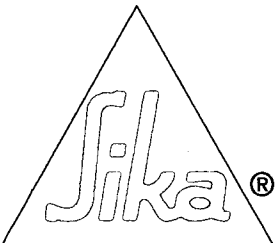
NJDEP Storm water – NJ0002011

NJDEP Groundwater – NJ0101389

NJDEP Physical Connection Permit - 834

NJDEP Well Permits – 2049P (Well #1), 2649412 (Well #2)

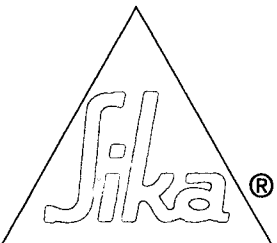
USEPA Hazardous Waste (Same as NJDEP)



Sika Corporation

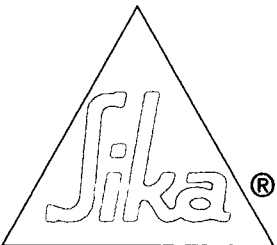
11. To the best of our knowledge, information and belief, the hazardous substances reported under the New Jersey Right to Know Act and USEPA Form R are representative of the suite of hazardous substances used by Sika during the time Sika has been on site. Sika has engaged in waste minimization and has from time to time eliminated some materials from its production line. *(See documents marked in response to Question 11).*
 12. Hazardous substances, which were used, stored, or handled at the site are referenced in the New Jersey Right to Know Reports and USEPA Form R Reports attached hereto. See Response to No. 11. *(See documents marked in response to Question 11)*
 13. At its Lyndhurst facility, Sika dates and identifies hazardous wastes, stores them in the hazardous waste storage area for a period not to exceed 90 days. Sika hires haulers and transporters (Schedule A) who take materials to the Disposal Sites listed in Schedule B.
 14. During the period of operation from the mid-1980s to present, employees responsible for the hazardous materials at the site were: Sil Santangelo, Steve Rosenberg, Scott Glasser, Chuck Luginbill, Dale Heinze, Harry Alkire and Dan Martin, and waste contractors identified in 13 above. The address for Sil Santangelo, Steve Rosenberg, Dale Heinze, Harry Alkire, and Dan Martin is Sika Corporation, 201 Polito Avenue, Lyndhurst, New Jersey. The last known address for Chuck Luginbill is 208 River Reinssance, East Rutherford, New Jersey. Respondent is not in possession of the last known address for Scott Glasser
 15. Asbestos Abatement activities have occurred according to the respondents Asbestos Operations & Maintenance Program. Site activities in the remedial activities included hiring an abatement contactor and consultant and executing the proper contractual agreements with the contractor and consultant. See also response to 16 below.
- No remedial activities have been conducted at the site pursuant to RCRA or CERCLA.
16. Sika is unaware of any spills, leaks, releases, from the Sika Facility to Berry's Creek. Sika has experienced spills, leaks, and releases, which are been contained on site, except as noted. These are:

- (i) 4/20/90 – estimated 200 gallons of a liquid discharge containing 2.5 percent Plastiment Liquid and 97.5 percent water – Spill occurred due to small crack in dike wall. Immediate action was taken to dike the material from entering storm sewers with dry sand. Portable pumps were used to transfer any standing liquid to drums. Samples were taken from the standing liquid at the curbside and from small puddles west of the road. Dry sand was used to absorb any residual that could not be picked up by the pump. Analysis of collected sample indicated that the spill was a maximum of 2.5% Plastiment and 97.5 % water.



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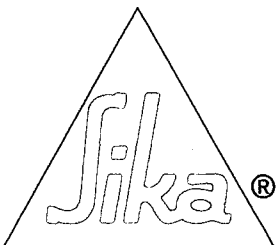
- (ii) 2/17/ 93 – Estimated 300 gallons of Sika AER (high pH, non-hazardous material containing 82% water) – Spill occurred under the pipe bridge, which discharged into the storm sewer. (Notice of Violation dated 2/17/09 from NJ DEP). Respondent could not locate documents regarding its remedial activities taken regarding said incident.
- (iii) 10/5/93 – Admix chemical sodium lignosulfonate, a non-hazardous liquid cement admixture – leaks of water by tank farm into storm sewer. Leaks occurred during heavy rain storms when the plant was not in operation and Sika believes that the cause of the release was the overflow of the holding tank due to influx of rain water. The overflow then mixed with the rainwater in the dike and accumulated at the Polito Avenue side of the tank farm. Remedial actions taken by Respondent included: the sealing of cracks on the Polito Avenue side of the tank farm; Respondent's procedures revised to empty the holding tank at the "end of the day" to insure maximum available capacity when plant is not in operation; monitoring the integrity of the containment in the tank farm; upgrade of the containment in the tank farm.
- (iv) 6/3/94 – Discharge from sanitary sewer line that was blocked and probably collapsed in the street. Discharge seeped into the storm drain. Upon notification that sanitary line was backing up, Respondent immediately discontinued use of the line, and immediately brought in a contractor to repair the sewer line, which collapsed under the town road, Polito Avenue. (Respondent did not appeal violation although Respondent believed the collapsed sewer line was not an event caused by Respondent).
- (v) 12/12/95 – Estimated 2 to 3 gallons of sodium lignosulfonate admixture/water solution, a non-hazardous liquid cement admixture –leak occurred in the exterior storage tank farm dike area and entered the adjacent storm sewer. Respondent believes that the release was likely caused by the shrinkage and expansion of concrete materials that comprise the dike causing the admixture to seep past the seal in the dike area. Respondent increased inspections of area until weather conditions permitted repair/replacement of the seal. Until the repair/replacement completed, any water and admixtures were manually removed, and the sump pump equipped with a heating system.
- (vi) 1/26/96 – Estimated 60 gallons of Liquid Caustic (sodium hydroxide) – Leak occurred from storage tank in fermentation room into sanitary



Sika Corporation

and/or storm drain. At the same time, non-contact cooling water was flushed from reactors adjacent to the caustic tank, which mixed the released caustic diluting the release. Remedial activities implemented by Respondent were: the area surrounding the tank was diked with sand to inhibit migration of caustic. The caustic in the tank was pumped into one of the adjacent reactors to lower the level of caustic in the tank to below the leak level. Respondent also initiated contact with the NJ DEPE regarding use of approved tracer chemicals for storm drains, to determine outfall connections.

- (vii) 7/24/96 – Citation received for failure to comply with 2 update schedule items: secondary containment for xylene recovery tank and secondary containment for truck loading/unloading area. (Respondent believes it notified NJDEP of an offsite release in 7/96 due to rupture of roof piping, however, no additional information regarding this release is available at this time).
- (viii) 12/16/96 – 275 gallons of Toluene Diisocyanate Mixture (TDI-80) – Sika rejected delivery of TDI-80 drums from D.H. Litter since the TDI-80 was in frozen form and should have been in liquid form. The truck was parked in Respondent's rear loading dock. While Respondent was in the process of contacting the Emergency Hotline for the TDI manufacturer (Bayer Corporation) of the rejected drums due to the bulging condition of the drums from severe internal pressure, the first of five drums in the truck burst over a period of 2 hours. TDI-80 leaked and entered the storm water drain. Due to the fact that TDI-80 is reactive to water and forms urea and carbon dioxide gas, Respondent believes that it is highly unlikely that the TDI-80 would have exited the site. Respondent's emergency response procedures were immediately implemented and the plant evacuated. Respondent contacted the local fire department, NJ DEPE and the U.S. Coast Guard National Response Center and Bayer Corporation. Respondent's Emergency Response team working with local authorities permitted a haz mat contractor to enter the site for clean-up, which included the decontamination of the pavement underneath the truck and loading dock area.
- (ix) 4/9/97 – Estimated 1-2 gallons of sodium ligrosulfate admixture. Crack in dike. Water admixture spilled out and trickled into storm drain. Respondent repaired system by removing sump pump and resurfacing base of admix tank dike, to prevent further leaking. No soil or water cleanup was required.



Sika Corporation

- (x) 5/16/97 – Estimated 1-2 gallons of Aromatic 150 (cleaning solvent). Leak occurred on roof of building no. 2 and may have entered roof drain that empties into storm water drain. Immediate remedial actions were taken by Respondent which included spill containment and cleanup measures with absorbent material to absorb remaining liquid.
- (xi) 5/29/98 – less than 1 gallon of Aromatic 150 solvent/Amoco 150 hydraulic oil – Leak occurred on roof and entered roof drain that empties into a storm water drain. Immediate remedial actions were taken by Respondent, which included spill containment and cleanup measures including use of absorbent material absorb remaining liquid.
- (xii) 10/25/99 – estimated 25 gallons of sanitary wastewater containing diluted cement admixture – Final metering discharge pit outlet pipe for industrial/sanitary outlet #1 Passaic Valley Sewerage Commissioners (Sewer Permit # 18407224) clogged and overflowed. Respondent took immediate action to stop the overflow of the referenced wastewater and diluted cement admixture and closed the sumps pumping the discharge water into the pit. Respondent removed caked non-hazardous cement admixture from the discharge pit to a waste drum. Respondent hired a third party contractor to unclog the pipe.

17. To Sika's knowledge, none of the chemicals listed in the form on page 5 have ever been released from the site to the Berry's Creek Study area, including creeks, ditches, or other water bodies, or wetlands.

18. Not Applicable.

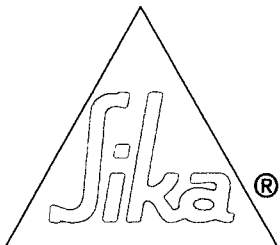
19. Not Applicable

20. Not Applicable

21. Sil Santangelo, Director of Technical Services
Steve Rosenberg, Senior Vice President, Research and Development
Daniel Martin, Manager of Corporate Environmental, Health and Safety
Dale Heinze, Environmental Engineer

All officers and employees of Sika Corporation may be reached c/o Sika Corporation,
201 Polito Avenue, Lyndhurst, NJ

22. Questions 1 through 6 – Corporate records, Real Estate records, and Lyndhurst plant environmental and safety records.



Sika Corporation

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

State of New Jersey:

County of Bergen:

I certify under penalty of law that I have caused those persons responsible for waste handling and control of raw materials to search their files for information responsive to the request. I believe that the materials I have received are true and accurate. If other materials become available, Sika reserves the right to supplement or amend these answers. I have also made diligent inquiry of those individuals responsible for the information as to their knowledge of the documents and events. While the information is hearsay, I believe that the answers provided to me are accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that my company is under a continuing obligation to supplement its response to the EPA's Request for Information if any additional information relevant to the matters addressed in the EPA's Request for Information or the company's response thereto should become known or available to the company.

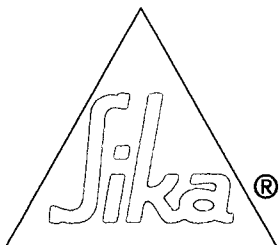
Sika Corporation

By: Daniel Martin

Name: DANIEL MARTIN

Title: ENVIRONMENTAL, HEALTH & SAFETY MGR.

Cc: Clay Monroe
Assistant Regional Counsel
Office of Regional Counsel
290 Broadway, 17th Floor
New York, New York 10007-1866



Sika Corporation

SCHEDULE A

Marisol Inc.
125 Factory Lane
Middlesex, NJ 08846
NJD002454544

Transporter, TSDR

Republic Environmental Systems
2869 Sandstone Drive
Hatfield, PA 19440
PAD085690592

Transporter, TSDR

Environmental Transport Group, Inc.
PO Box 295
Flanders, NJ 07836
NJD000692061

Transporter

Freehold Carting, Inc.
Rte 33 East
Freehold, NJ 07728
NJD054126164

Transporter

Hazmat Environmental Group, Inc.
4923 Transit Road
Clarence, NY 14218
NYD980769947

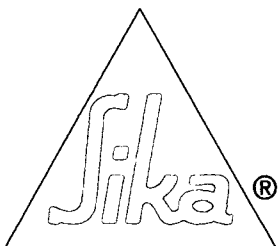
Transporter

Laidlaw Environmental Services Inc
3527 Whiskey Bottom Road
Laurel, MD 20810
MDD980554653

Transporter, TSDR

Republic Environmental Systems
21 Church Road
Hatfield, PA 19440
PAD982661381

Transporter



Sika Corporation

Lionetti Oil Recovery, Inc.
Runyon & Cheesequake Road
Old Bridge, NJ 08857
NJD084044064

Transporter

Peretti Freight Services, Inc.
335 Brown Tr
Hopatcong, NJ 07843
NJD084044064

Transporter

Chem Met Services, Inc.
18550 Allen Road
Wyandotte, MI 48192
MID096963194

Transporter

L&L Oil Services
740 Lloyd Road
Aberdeen, NJ 07747
NJD011427895

Transporter, TSDR

Merola Enterprises, Inc.
Address Unknown
NJD986609949

Transporter

Disposal Systems, Inc.
Route 526
Imlaytown, NJ 08526
NJD156163438

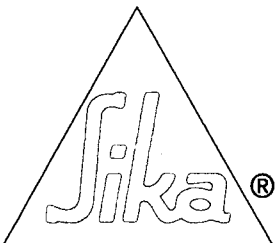
Transporter

Chemical Conservation Corp
Orlando, Florida
FLD980559728

Transporter

Oldover Corp.
Address Unknown
VAD040159436

Transporter



Sika Corporation

SCHEDULE B

S&W Waste TSDR
105 Jacobus Avenue
South Kearny, NJ 07034
NJD991291105

Marine Shale Processors, Inc. TSDR
Highway 90 East
Morganlily, LA 70380
LAD981057706

M&M Chem & Equipment Company, Inc. TSDR
1229 Valley Drive (RD3 Box 2858)
Attalla, AL 35954
ALD070513767

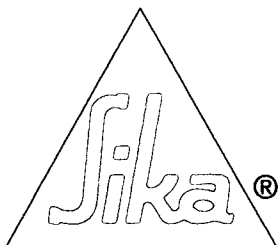
Chemical Conservation Corp of GA TSDR
1612 James Roger Circle
Valdesta, GA 31601
GAD093380814

Thermal Kem TSDR
2324 Vernesdale Road
Rocky Hill, SC 29730
SCD044442333

Safety-Kleen, Inc. TSDR
514 76 Old River Road
Riminik, SC 29131
SCD987574647

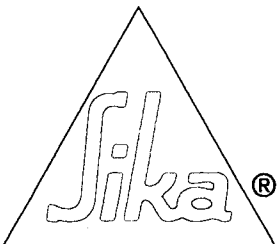
Eltex Chemical & Supply Co. TSDR
4050 Homestead
Houston, TX 77028
TXD074196338

Frontier Chemical TSDR
4626 Royal Avenue



Sika Corporation

Niagara Falls, NY 14303
NYD043815703



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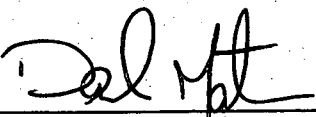
Request for Information Regarding Chemical Releases to the Berry's Creek Study Area

* * *

Instructions: As instructed in Question 17, please complete this form by marking the appropriate spaces. Indicate whether each of the chemicals listed has ever been released from the Site to the Berry's Creek Study Area, including creeks, ditches, or other water bodies, or wetlands. Follow additional instructions below. Return the completed form along with your other responses to the Request for Information in the Matter of the Berry's Creek Study Area, Bergen County, New Jersey. N/A signifies no information available.

	Yes	No	N/A
acenaphthene		✓	
acenaphthylene		✓	
anthracene		✓	
aluminum		✓	
antimony		✓	
arsenic		✓	
benz(a)anthracene		✓	
benzene		✓	
benzo(a)pyrene		✓	
benzo(b)fluoranthene		✓	
benzo(g,h,i)perylene		✓	
benzo(k)fluoranthene		✓	
bis(2-ethylhexyl)phthalate		✓	
butyl benzyl phthalate		✓	
cadmium		✓	
chlorinated dibenzo-p-dioxins (if "yes", please list specific dioxin compounds on a separate sheet)		✓	
chlorinated dibenzofurans (if "yes", please list specific compounds on a separate sheet)		✓	
chlorobenzene		✓	
chloroform		✓	
chromium		✓	
chrysene		✓	
copper		✓	
cyanide		✓	
dibenzo(a,h)anthracene		✓	
dichlorobenzene		✓	
1,2-dichloroethene		✓	
di-n-butyl phthalate		✓	
1,2-dichlorobenzene		✓	
1,2-dichloroethane		✓	
dieldrin		✓	
di-n-octyl phthalate		✓	
ethylbenzene		✓	
fluoranthene		✓	

	Yes	No	N/A
fluorene		✓	
hexachlorobenzene		✓	
indeno(1,2,3-cd)pyrene		✓	
lead		✓	
manganese		✓	
mercury		✓	
methylene chloride		✓	
methyl ethyl ketone		✓	
methyl mercury		✓	
2-methylnaphthalene		✓	
naphthalene		✓	
nickel		✓	
pentachlorophenol		✓	
petroleum hydrocarbons		✓	
phenanthrene		✓	
phenol		✓	
polychlorinated biphenyls (if "yes" please list specific congeners and aroclors on a separate sheet)		✓	
polycyclic aromatic hydrocarbons (if "yes" please list specific compounds on a separate sheet, if not listed on this page)		✓	
pyrene		✓	
selenium		✓	
silver		✓	
1,1,2,2-tetrachloroethane		✓	
tetrachloroethylene		✓	
thallium		✓	
toluene		✓	
1,2-trans dichloroethylene		✓	
1,1,1-trichloroethane		✓	
trichloroethylene		✓	
vinyl chloride		✓	
xylene		✓	
zinc		✓	


Name of person completing form

SIKA CORPORATION
Company

Site (as defined in the "Instructions")


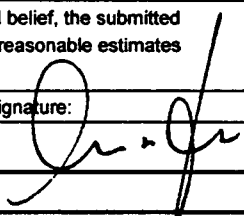
EPA REQUEST FOR INFORMATION PURSUANT TO THE
COMPREHENSIVE ENVIRONMENTAL RESPONSE COMPENSATION
AND LIABILITY ACT, 42 U.S.C. SECTION 9601 ET SEQ., RE:
BERRY'S CREEK STUDY AREA, BERGEN COUNTY, NEW JERSEY

DOCUMENTS SUBMITTED BY SIKA CORPORATION IN SUPPORT
OF RESPONSE TO QUESTION NO. 11

USEPA

Form R (2001)

S00114

 EPA		<h1 style="margin:0;">FORM R</h1>		TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM													
United States Environmental Protection Agency		Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act															
WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY				Enter "X" here if this is a revision													
				For EPA use only													
Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.																	
PART I. FACILITY IDENTIFICATION INFORMATION																	
SECTION 1. REPORTING YEAR 2001																	
SECTION 2. TRADE SECRET INFORMATION																	
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)													
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)																	
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.																	
Name and official title of owner/operator or senior management official:				Signature:													
ANTHONY JURG VICE PRESIDENT																	
				Date Signed: 08/28/2002													
SECTION 4. FACILITY IDENTIFICATION																	
4.1		TRI Facility ID Number 07071SKCRP201PO															
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)															
SIKA CORPORATION																	
Street		Mailing Address															
201 POLITO AVENUE																	
City/County/State/Zip Code		City/State/Zip Code		Country (Non-US)													
LYNDHURST BERGEN NJ 07071-																	
4.2 This report contains information for: (Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO															
4.3 Technical Contact Name		DALE HEINZE		Telephone Number (include area code) (201) 933-8800													
4.4 Public Contact Name		DALE HEINZE		Telephone Number (include area code) (201) 933-8800													
4.5 SIC Code (s) (4 digits)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Primary</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="width: 25%;">a. 2891</td> <td style="width: 25%;">b.</td> <td style="width: 25%;">c.</td> <td style="width: 25%;">d.</td> <td style="width: 25%;">e.</td> <td style="width: 25%;">f.</td> </tr> </table>				Primary						a. 2891	b.	c.	d.	e.	f.
Primary																	
a. 2891	b.	c.	d.	e.	f.												
4.6 Latitude		Degrees 40 Minutes 48 Seconds 20		Longitude Degrees 074 Minutes 06 Seconds 30													
4.7 Dun & Bradstreet Number(s) (9 digits)		4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)		4.9 Facility NPDES Permit Number(s) (9 characters)													
a. 002179893		a. NJD002179893		a. NJ0002011													
b.		b.		b. NJ0101389													
				4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)													
				a. NA													
				b.													
SECTION 5. PARENT COMPANY INFORMATION																	
5.1 Name of Parent Company		NA <input type="checkbox"/> SIKA AG															
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>															

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 9768	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

NJD002245454

Off-Site location Name

MARISOL INC

Off-Site Address

125 FACTORY LANE

City

MIDDLESEX

State

NJ

County

MIDDLESEX

Zip

08846-

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 28143	1. O	1. M56
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?																
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e																
NA	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>4</td><td></td></tr> <tr><td>6</td><td></td><td>7</td><td></td></tr> </table>	1		2		3		4		6		7			%	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		4																		
6		7																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e																
	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>4</td><td></td></tr> <tr><td>6</td><td></td><td>7</td><td></td></tr> </table>	1		2		3		4		6		7			%	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		4																		
6		7																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e																
	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>4</td><td></td></tr> <tr><td>6</td><td></td><td>7</td><td></td></tr> </table>	1		2		3		4		6		7			%	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		4																		
6		7																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e																
	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>4</td><td></td></tr> <tr><td>6</td><td></td><td>7</td><td></td></tr> </table>	1		2		3		4		6		7			%	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		4																		
6		7																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e																
	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>4</td><td></td></tr> <tr><td>6</td><td></td><td>7</td><td></td></tr> </table>	1		2		3		4		6		7			%	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		4																		
6		7																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : (example: 1,2,3, etc)

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 07071SKCRP201PO Toxic Chemical, Category or Generic Name ETHYLBENZENE
--	---

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5. 6. 7. 8. 9. 10.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5. 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released ***	10838	10103	7500	7500
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	28823	28143	25000	25000
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000000.98	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W14	a. T01	b. T04	c. T06	
8.10.2	W42	a. T01	b. T04	c. T06	
8.10.3	NA	a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	



Sika Corporation
201 Polito Avenue
Lyndhurst, NJ 07071

Telephone: 201-933-8800
Fax: 201-804-1040

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116 - 3348
Attn: Toxic Chemical Release Inventory
Magnetic Media Submission

SIKA CORPORATION
201 POLITO AVENUE
LYNDHURST
NJ 07071
TRI Fac. ID: 07071-SKCRP-201PO
06/28/2002

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

SIKA CORPORATION

This information is submitted as required under Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 10 Chemical Report(s) for our facility.

These 10 chemical report(s) are described below:

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Type</u>
XYLENE (MIXED ISOMERS)	2001	1330207	5-page Form R
ETHYLBENZENE	2001	100414	5-page Form R
DIISOCYANATES	2001	N120	5-page Form R
FORMALDEHYDE	2001	50000	5-page Form R
METHANOL	2001	67561	Two page Form A

* Continued on next page

Our technical point of contact is:

DALE HEINZE

Phone Number: (201) 933-8800

and is available if any questions or problems arise in your processing of these diskettes.

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Sincerely,

ANTHONY JURG
VICE PRESIDENT



Continued from Page 1

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Type</u>
TOLUENE DIISOCYANATE (MIXED ISOMERS)	2001	26471625	Two page Form A
LITHIUM CARBONATE	2001	554132	Two page Form A
MALEIC ANHYDRIDE	2001	108316	Two page Form A
FORMIC ACID	2001	64186	Two page Form A
SODIUM NITRITE	2001	7632000	Two page Form A

Mr. Andrew Opperman
Department of Environmental Protection
EPCRA Section 313
Bureau of Chemical Release Information & Prevention
PO Box 405
Trenton, NJ 08625-0405

June 28, 2002

Re: Sika Corporation

**201 Polito Avenue
Lyndhurst, NJ 07071
TRI Fac. ID#07071SKCRP201PO**

Dear Mr. Opperman:

Attached please find one (1) microcomputer diskette containing 2001 toxic chemical release reporting information for:

Sika Corporation, Lyndhurst, New Jersey

This information is submitted as required under Section 313, Title III of the Superfund Amendments and Reauthorization Act of 1986 and the Pollution Prevention Act of 1990. The certification letter, signed by Mr. Anthony Jurg, Vice President, Sika Corporation, is also enclosed.

Should you have any questions regarding this submission, please feel free to contact the undersigned at (201) 933-8800, extension 4375.

Sincerely,



Dale Heinze,
Production Manager

attachments

cc. Anthony Jurg
Sika Corporation
875 Valley Brook Avenue
Lyndhurst, NJ 07071



Sika Corporation, 201 Polito Avenue, Lyndhurst NJ 07071, USA
Tel: 201 933 8800, Fax: 201 804 1040, www.sikausa.com



S00120

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
ETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 100414																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) ETHYLBENZENE																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
1.4	<p>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	29	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	306	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

S00129

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071SKCRP201PO
	Toxic Chemical, Category or Generic Name
	ETHYLBENZENE
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**
6.1.A.1. Total Transfers (pounds/year*)
 (enter range code** or estimate)

NA

6.1.A.2 Basis of Estimate
 (enter code)

6.1.B.1 POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B.2 POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS****6.2.1** Off-Site EPA Identification Number (RCRA ID No.)

PAD085690592

Off-Site Location Name

PHILIPS SERVICES

Off-Site Address

2869 SANDSTONE DRIVE

City

HATFIELD

State

PA

County

BUCKS

Zip

19440-

Country
(Non-US)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA Form 9350-1 (Rev.01/2001) - Previous editions are obsolete.

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

S00132

EPA FORM R

T II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

Is this chemical under control of reporting facility or parent company?

Yes

X

No

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 07071SKCRP201PO Toxic Chemical, Category or Generic Name ETHYLBENZENE		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)]				
1	2	3	4	
NA				
SECTION 7C. ON-SITE RECYCLING PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)]				
1.	2.	3.	4.	
NA				
6.	7.	8.	9.	
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES				
	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	10838	10103	7500	7500
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	28823	28143	25000	25000
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	0	0	0	0
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	0	0	0	0
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9 Production ratio or activity index				0000000.98
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	W14	a. T01	b. T04	c. T06
8.10.2	W42	a. T01	b. T04	c. T06
8.10.3	NA	a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

(IMPORTANT: Type or print; read instructions before completing form)

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2001****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2002

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
 (Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DALE HEINZE Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DALE HEINZE Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
 40 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
 b. b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

DIISOCYANATES

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N120																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) DIISOCYANATES																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
1.4	<p>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA		
5.2	Stack or point air emissions	NA <input type="checkbox"/>	214	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

** Range Codes: A= 1 - 10 pounds; B= 11 - 499 pounds; C= 500 - 999 pounds.

S00136

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION	TRI Facility ID Number
	07071SKCRP201PO
	Toxic Chemical, Category or Generic Name
	DIISOCYANATES
and indicate the Part II, Section 5.3 page number in this box. 1 (example: 1,2,3, etc.)	

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071SKCRP201PO
	Toxic Chemical, Category or Generic Name
	DIISOCYANATES

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA
POTW Address		
City	State	County
Zip		
6.1.B.2	POTW Name	
POTW Address		
City	State	County
Zip		

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	PAD085690592
Off-Site Location Name	PHILIPS SERVICES	
Off-Site Address	2869 SANDSTONE DRIVE	
City	HATFIELD	State
PA	County	BUCKS
Zip	19440-	Country (Non-US)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number				
	07071SKCRP201PO				
	Toxic Chemical, Category or Generic Name				
	DIISOCYANATES				
Is location under control of reporting facility or parent company?		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071SKCRP201PO		
						Toxic Chemical, Category or Generic Name DIISOCYANATES		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)								
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. 1590			1. O			1. M72		
2. NA			2.			2.		
3.			3.			3.		
4.			4.			4.		
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)								
Off-Site location Name								
Off-Site Address								
City		State		County		Zip	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
4.			4.			4.		
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY								
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a		7A.1b				7A.1c	7A.1d	7A.1e
NA		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a		7A.2b				7A.2c	7A.2d	7A.2e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a		7A.3b				7A.3c	7A.3d	7A.3e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a		7A.4b				7A.4c	7A.4d	7A.4e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a		7A.5b				7A.5c	7A.5d	7A.5e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :						1		

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 07071SKCRP201PO	
		Toxic Chemical, Category or Generic Name DIISOCYANATES	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]
 1. 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]
 1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	266	214	200	200
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	0	0	0	0
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	500	1590	1000	1000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000000.94	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

PLEATED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

Enter "X" here if this
is a revision

For EPA use only

Instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

REPORTING YEAR 2001

IS THE TOXIC CHEMICAL IDENTIFIED ON PAGE 2 TRADE SECRET?

For question 2.2:
substantiation forms) ☒ No (Do not answer 2.2;
Go to Section 3)

2.2

Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

STATEMENT OF PREPARER (Important: Read and sign after completing all form sections.)

I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted
information is complete and that the amounts and values in this report are accurate based on reasonable estimates
of the preparers of this report.

Signature of owner/operator or senior management official:

Signature:

Date Signed:

VICE PRESIDENT

06/28/2002

FACILITY IDENTIFICATION

TRI Facility ID Number		07071SKCRP201PO	
Facility or Establishment Name or Mailing Address (if different from street address)			
Mailing Address			
City/State/Zip Code		Country (Non-US)	
BERGEN NJ 07071-			

Facility contains information for:

Check a or b; check c or d if applicable)

a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

Contact Name: DALE HEINZE Telephone Number (include area code): (201) 933-8800

Name: DALE HEINZE Telephone Number (include area code): (201) 933-8800

4 digits)		Primary		b.		c.		d.		e.		f.	
a. 2891													
Degrees		Minutes		Seconds		Longitude		Degrees		Minutes		Seconds	
40		48		20				074		06		30	

4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.	NJD002179893	a.	NJ0002011	a.	NA
b.		b.	NJ0101389	b.	

REPORTING COMPANY INFORMATION

Reporting Company: NA ☐ SIKA AG

Company's Dun & Bradstreet Number: NA ☒

or Generic Name

Section 2 below.)

Distribution should

16 17

Section 1 above.)

Chemical:

ing aid

REPORTING YEAR

ITE

formwater

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

FORMALDEHYDE

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071SKCRP201PO
	Toxic Chemical, Category or Generic Name
	FORMALDEHYDE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA
---------	-----------	----

POTW Address	
--------------	--

City		State		County		Zip	-
------	--	-------	--	--------	--	-----	---

6.1.B.2	POTW Name	
---------	-----------	--

POTW Address	
--------------	--

City		State		County		Zip	
------	--	-------	--	--------	--	-----	--

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	PAD085690592							
Off-Site Location Name	PHILIPS SERVICES								
Off-Site Address	2869 SANDSTONE DRIVE								
City	HATFIELD	State	PA	County	BUCKS	Zip	19440-	Country (Non-US)	

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 07071SKCRP201PO	
		Toxic Chemical, Category or Generic Name FORMALDEHYDE	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]
 1 NA 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]
 1. NA 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	63	54	50	50
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	0	0	0	0
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	1602	933	500	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0000001.33			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

FORMALDEHYDE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 933	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1			Yes No
NA	3		%	<input type="checkbox"/> <input type="checkbox"/>
	6			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1			Yes No
	3		%	<input type="checkbox"/> <input type="checkbox"/>
	6			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1			Yes No
	3		%	<input type="checkbox"/> <input type="checkbox"/>
	6			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1			Yes No
	3		%	<input type="checkbox"/> <input type="checkbox"/>
	6			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1			Yes No
	3		%	<input type="checkbox"/> <input type="checkbox"/>
	6			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

1 (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number	
	07071SKCRP201PO	
	Toxic Chemical, Category or Generic Name	
	FORMALDEHYDE	
Is location under control of reporting facility or parent company?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

United States
Environmental Protection AgencyTOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2001****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

08/28/2002

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for: (Important: check c or d if applicable)
 c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DALE HEINZE
 Telephone Number (include area code)
 (201) 933-8800

4.4 Intentionally left blank

4.5 SIC Code (s) (4 digits):
 Primary
 a. 2891 b. c. d. e. f.

4.6 Latitude
 Degrees Minutes Seconds
 040 48 20
 Longitude
 Degrees Minutes Seconds
 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
 b. b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM A	
PART II. CHEMICAL IDENTIFICATION	
TRIFID: 07071SKCRP201PO	
Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*	
Report 1 of 6	
SECTION 1. TOXIC CHEMICAL IDENTITY	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 67561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) METHANOL
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
Report 2 of 6	
SECTION 1. TOXIC CHEMICAL IDENTITY	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 26471625
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) TOLUENE DIISOCYANATE (MIXED ISOMERS)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
Report 3 of 6	
SECTION 1. TOXIC CHEMICAL IDENTITY	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 554132
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) LITHIUM CARBONATE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
Report 4 of 6	
SECTION 1. TOXIC CHEMICAL IDENTITY	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 108316
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) MALEIC ANHYDRIDE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA

* See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)
 EPA Form 9350-2 (Rev. 01/2001) - Previous editions are obsolete. (Make additional copies of this page, if needed)

EPA FORM A	
PART II. CHEMICAL IDENTIFICATION	
Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*	
TRIFID: 07071SKCRP201PO	
SECTION 1. TOXIC CHEMICAL IDENTITY Report 5 of 6	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 64186
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) FORMIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
SECTION 1. TOXIC CHEMICAL IDENTITY Report 6 of 6	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7632000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) SODIUM NITRITE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA

* See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

EPA Form 9350-2 (Rev. 01/2001) - Previous editions are obsolete.

(Make additional copies of this page, if needed)

NJDEP

Community R-T-K (2001)

S00151

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMUNITY RIGHT TO KNOW SURVEY FOR 2001

For State and Federal Community Right to Know Reporting

Facility ID: 02944800000

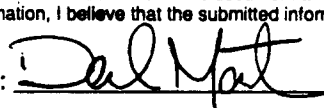
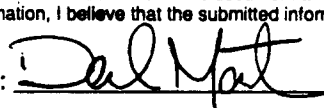
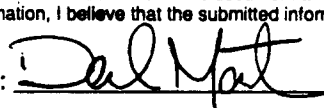
C/M: 0232

SIC: 2891

NAIC: 32552 (A) Facility Location:

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

<p>(B) Does this facility Produce, Store, or Use Environmental Hazardous Substance on Table A:</p> <p>1. In any quantity? Yes (X) () No</p> <p>2. Above thresholds? Yes (X) () No</p>	<p>(D) Number of employees at facility: <div style="text-align: center;">171</div></p> <p>(E) Number of facilities in New Jersey: <div style="text-align: center;">1</div></p> <p>(F) Federal EIN: <div style="text-align: center;">221594831</div></p>									
<p>(C) Facility Status: <div style="text-align: center;"><u>Active</u></div></p>	<p>(G) If you are claiming an R&D lab exemption for <u>this facility</u>, enter your approval number here. <div style="text-align: center;">753</div></p>									
<p>(H) Are you reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right of Know Act(EPCRA/SARA, Title III)?</p> <p style="text-align: center;">Yes () No (X)</p>										
<p>(I) FACILITY EMERGENCY CONTACT:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name: A. JURG</td> <td style="width: 50%;">Title: VICE PRESIDENT</td> </tr> <tr> <td>Facility Phone Number: (201) 933-8800</td> <td>Emergency Contact Phone: (201) 933-8800</td> </tr> </table>		Name: A. JURG	Title: VICE PRESIDENT	Facility Phone Number: (201) 933-8800	Emergency Contact Phone: (201) 933-8800					
Name: A. JURG	Title: VICE PRESIDENT									
Facility Phone Number: (201) 933-8800	Emergency Contact Phone: (201) 933-8800									
<p>(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Signature: </td> <td style="width: 20%;">Date: 3/1/02</td> <td style="width: 40%;">Phone #: (201) 933-8800</td> </tr> <tr> <td>Name: DANIEL MARTIN</td> <td colspan="2">Title: Manager EHS</td> </tr> <tr> <td colspan="3">Email: MARTIN.DAN@SIKA-CORP.COM</td> </tr> </table> <p><i>(Please sign and date. Mail copies to your local Police, Fire departments, county lead agency and local emergency planning committee.)</i></p>		Signature: 	Date: 3/1/02	Phone #: (201) 933-8800	Name: DANIEL MARTIN	Title: Manager EHS		Email: MARTIN.DAN@SIKA-CORP.COM		
Signature: 	Date: 3/1/02	Phone #: (201) 933-8800								
Name: DANIEL MARTIN	Title: Manager EHS									
Email: MARTIN.DAN@SIKA-CORP.COM										

Legend**CONTAINER CODES AND DESCRIPTIONS**

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel drum	BG	Bottles of jugs (glass)
DP	Plastic drum	BP	Bottles of jugs (plastic)
DF	Fiber drum	BN	Tote bin
CN	Can	TW	Tank wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other (describe)

INVENTORY RANGE CODES

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

STORAGE TEMPERATURE AND PRESSURE CODESPressure

01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic condition (less than -200 C)

* Ambient means "normal", "surrounding," or "room" conditions

SIKA CORPORATION

PART 2

2001 CHEMICAL INVENTORY REPORT

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2001

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>ALUMINUM (FUME OR DUST)</u> Substance Number: <u>0054</u> CAS Number: <u>7429-90-5</u> DOT Number: <u>1383</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure (<input checked="" type="checkbox"/>) Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>POWDERS MFG BLDG 3C FINISHED GOODS BLDG 3C</u>	
Name: <u>ALUMINUM (FUME OR DUST)</u> Substance Number: <u>0054</u> CAS Number: <u>7429-90-5</u> DOT Number: <u>1383</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure (<input checked="" type="checkbox"/>) Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FINISHED GOODS WAREHOUSE BLDG 3C</u>	
Name: <u>ALUMINUM SULFATE</u> Substance Number: <u>0068</u> CAS Number: <u>10043-01-3</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1C</u>	
Name: <u>BENZYL ALCOHOL</u> Substance Number: CAS Number: <u>100-51-6</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects () Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	

SIKA CORPORATION

PART 2

2001 CHEMICAL INVENTORY REPORT

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2001

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>CALCIUM HYDROXIDE</u> Substance Number: <u>0322</u> CAS Number: <u>1305-62-0</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>RAW MATERIALS BLDGS 1A & 1B</u>		
Name: <u>CALCIUM OXIDE</u> Substance Number: CAS Number: <u>305-78-8</u> DOT Number: <u>1910</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>		
Name: <u>CARBON BLACK</u> Substance Number: <u>0342</u> CAS Number: <u>1333-86-4</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>RAW MAT'L'S WAREHOUSE BLDGS 1A & 1B, BLDG 3A</u>		
Name: <u>CARBON BLACK</u> Substance Number: <u>0342</u> CAS Number: <u>1333-86-4</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>BN</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>RAW MAT'L'S WAREHOUSE BLDGS 1A & 1B, BLDG 3A</u>		

SIKA CORPORATION

PART 2

2001 CHEMICAL INVENTORY REPORT

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2001

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>DIESEL FUEL</u> Substance Number: <u>2444</u> CAS Number: DOT Number: <u>1993</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>TANK FARM VT-1 & VT-2</u>	
Name: <u>DIISOCYANATES</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS BLDGS 1A & 1B</u>	
Name: <u>DIISOCYANATES</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAMMABLES ROOM BLDG 3B</u>	
Name: <u>DIISOCYANATES</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Location(s)	<u>TANK FARM BEHIND BLDG 2</u>	

SIKA CORPORATION

PART 2

2001 CHEMICAL INVENTORY REPORT

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2001

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>ETHYLBENZENE</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>TANK FARM T-22 & VT-6</u>		
Name: <u>ETHYLBENZENE</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>WASTE PAD</u>		
Name: <u>ETHYLBENZENE</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BP</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>		
Name: <u>ETHYLBENZENE</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BX</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>		

SIKA CORPORATION

PART 2

2001 CHEMICAL INVENTORY REPORT

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2001

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>FORMALDEHYDE</u>	(X) Fire	Container type <u>OT (PLASTIC PAIL)</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>	
Name: <u>FORMALDEHYDE</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B & 3C</u>	
Name: <u>FORMALDEHYDE</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>TANK FARM VT-10, T-16, T-11</u>	
Name: <u>FORMIC ACID</u>	() Fire	Container type <u>OT (PLASTIC PAIL)</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>	

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Name: <u>FORMIC ACID</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FINISHED GOODS WAREHOUSE BLDG 3B</u>	
Name: <u>FORMIC ACID</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>TANK FARM T 11</u>	
Name: <u>FORMIC ACID</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DP</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG 2</u>	
Name: <u>ISOPHORONE DIISOCYANATE</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS BLDGS 1A & 1B, BLDG 2</u>	

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Name: <u>ISOPHORONE DIISOCYANATE</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	PREPOLYMER STORAGE BLDG 2	
Name: <u>ISOPHORONEDIAMINE</u> Substance Number: <u>1067</u> CAS Number: <u>2855-13-2</u> DOT Number: <u>2289</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	RAW MATERIALS WAREHOUSE BLDGS 1A & 1B	
Name: <u>LITHIUM CARBONATE</u> Substance Number: <u>1124</u> CAS Number: <u>554-13-2</u> DOT Number: Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	POWDERS MFG & FINISHED GOODS WAREHOUSE BLDG 3	
Name: <u>MALEIC ANHYDRIDE</u> Substance Number: <u>1152</u> CAS Number: <u>108-31-6</u> DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	RAW MATERIALS WAREHOUSE BLDGS 1A & 1B, BLDG. 2	

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Name: <u>METHANOL</u> Substance Number: <u>1222</u> CAS Number: <u>67-56-1</u> DOT Number: <u>1230</u> Pure () or Mixture (<u>X</u>) Solid () Liquid (<u>X</u>) or Gas () Trade Secret: ()	(<u>X</u>) Fire () Sudden release of pressure () Reactive (<u>X</u>) Acute health effects (<u>X</u>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>TANK FARM VT-10</u>		
Name: <u>METHANOL</u> Substance Number: <u>1222</u> CAS Number: <u>67-56-1</u> DOT Number: <u>1230</u> Pure () or Mixture (<u>X</u>) Solid () Liquid (<u>X</u>) or Gas () Trade Secret: ()	(<u>X</u>) Fire () Sudden release of pressure () Reactive (<u>X</u>) Acute health effects (<u>X</u>) Chronic health effects () None per MSDS	Container type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>		
Name: <u>METHANOL</u> Substance Number: <u>1222</u> CAS Number: <u>67-56-1</u> DOT Number: <u>1230</u> Pure (<u>X</u>) or Mixture () Solid () Liquid (<u>X</u>) or Gas () Trade Secret: ()	(<u>X</u>) Fire () Sudden release of pressure () Reactive (<u>X</u>) Acute health effects (<u>X</u>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FLAMMABLE STORAGE ROOM BLDG. 3B</u>		
Name: <u>METHANOL</u> Substance Number: <u>1222</u> CAS Number: <u>67-56-1</u> DOT Number: <u>1230</u> Pure () or Mixture (<u>X</u>) Solid () Liquid (<u>X</u>) or Gas () Trade Secret: ()	(<u>X</u>) Fire () Sudden release of pressure () Reactive (<u>X</u>) Acute health effects (<u>X</u>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>11</u> Avg. daily inventory <u>11</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>RAW MATERIALS WAREHOUSE BLDG. 1A</u>		

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Name: <u>METHYL ETHYL KETONE</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAMMABLE STORAGE ROOM BLDG. 3B</u>	
Name: <u>METHYL ETHYL KETONE</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAMMABLE STORAGE ROOM BLDG. 3B</u>	
Name: <u>METHYL-2-PYRROLIDONE, N-</u> Substance Number: <u>3716</u> CAS Number: <u>872-50-4</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects () Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	
Name: <u>NAPHTHALENE</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Location(s)	<u>BLDG 2 - REYNOLDS TANK, 1ST FLOOR</u>	

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Name: <u>NAPHTHALENE</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (<u>X</u>) Solid () Liquid (<u>X</u>) or Gas () Trade Secret: ()	(<u>X</u>) Fire () Sudden release of pressure () Reactive (<u>X</u>) Acute health effects (<u>X</u>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAMMABLES RM BLDG 3B. FINISH GOODS WAREHOUSE</u>	
Name: <u>P-TOLUENE SULFONYL ISOCYANATE</u> Substance Number: CAS Number: DOT Number: <u>N/A</u> Pure () or Mixture (<u>X</u>) Solid () Liquid (<u>X</u>) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (<u>X</u>) Reactive (<u>X</u>) Acute health effects () Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	
Name: <u>PROPANE</u> Substance Number: <u>1594</u> CAS Number: <u>74-98-6</u> DOT Number: <u>1978</u> Pure (<u>X</u>) or Mixture () Solid () Liquid () or Gas (<u>X</u>) Trade Secret: ()	(<u>X</u>) Fire (<u>X</u>) Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container type <u>CY</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s)	<u>SW FACILITY YARD. REAR OF BLDG. 1B</u>	
Name: <u>PROPANE</u> Substance Number: <u>1594</u> CAS Number: <u>74-98-6</u> DOT Number: <u>1978</u> Pure (<u>X</u>) or Mixture () Solid () Liquid () or Gas (<u>X</u>) Trade Secret: ()	(<u>X</u>) Fire (<u>X</u>) Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s)	<u>ADJACENT TO BOILER ROOM BLDG 3A</u>	

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u>	() Fire	Container type <u>BA</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number:	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG. 3A</u>	
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u>	(X) Fire	Container type <u>OT (PLASTIC PAIL)</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u>	(X) Fire	Container type <u>BX</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3A & 3B</u>	

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Name: <u>SAMPLES OF REPORTED SUBSTANCE</u>	(X) Fire	Container type	<u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number:	(X) Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>QC LABORATORY BLDG 2 (3RD FLOOR)</u>	
Name: <u>SAMPLES OF REPORTED SUBSTANCES</u>	(X) Fire	Container type	<u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number:	(X) Reactive	Avg. daily inventory	<u>12</u>
DOT Number:	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>QC LABORATORY BLDG. 2 (3RD FLOOR)</u>	
Name: <u>SAMPLES OF REPORTED SUBSTANCES</u>	(X) Fire	Container type	<u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number:	(X) Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>R & D LABORATORY BLDG 5</u>	
Name: <u>SAMPLES OF REPORTED SUBSTANCES</u>	(X) Fire	Container type	<u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number:	(X) Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>R & D LABORATORY BLDG. 5</u>	

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Name: <u>SILICA, QUARTZ</u> Substance Number: <u>1660</u> CAS Number: <u>14808-60-7</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>POWDERS PLANT BLDG. 3C</u>	
Name: <u>SILICA, QUARTZ</u> Substance Number: <u>1660</u> CAS Number: <u>14808-60-7</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TI</u> Max. daily inventory <u>18</u> Avg. daily inventory <u>17</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>POWDERS PLANT BLDG. 3C</u>	
Name: <u>SODIUM ALUMINATE</u> Substance Number: CAS Number: <u>1320-42-7</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1C</u>	
Name: <u>SODIUM ALUMINATE POWDER</u> Substance Number: CAS Number: <u>1302-42-7</u> DOT Number: <u>2812</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	

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Name: <u>SODIUM HYDROXIDE</u> Substance Number: CAS Number: <u>7732-18-5</u> DOT Number: <u>1824</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>TI</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>TANK INSIDE BLDG. 2</u>	
Name: <u>SODIUM HYDROXIDE</u> Substance Number: CAS Number: <u>7732-18-5</u> DOT Number: <u>1824</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>11</u> Avg. daily inventory <u>11</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	
Name: <u>SODIUM NITRATE</u> Substance Number: <u>1711</u> CAS Number: <u>7631-99-4</u> DOT Number: <u>1498</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>CN</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>	
Name: <u>SODIUM NITRATE</u> Substance Number: <u>1711</u> CAS Number: <u>7631-99-4</u> DOT Number: <u>1498</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DP</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>	

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Name: <u>SODIUM NITRITE</u> Substance Number: <u>2258</u> CAS Number: <u>7632-00-0</u> DOT Number: <u>1500</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>TANK FARM T-20</u>	
Name: <u>SODIUM NITRITE</u> Substance Number: <u>2258</u> CAS Number: <u>7632-00-0</u> DOT Number: <u>1500</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	
Name: <u>SULFANILIC ACID</u> Substance Number: CAS Number: DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B, BLDG 2</u>	
Name: <u>TITANIUM DIOXIDE</u> Substance Number: <u>1861</u> CAS Number: <u>13463-67-7</u> DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATLS WAREHOUSE BLDGS 1B & 1A, BLDG. 3C</u>	

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Name: <u>TOLUENE</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAMMABLE STORAGE RM BLDG 3B</u>	
Name: <u>TOLUENE</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1299</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>CN</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FINISHED GOODS WAREHOUSE BLDG 3B</u>	
Name: <u>TOLUENE</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>	
Name: <u>TOLUENE DIISOCYANATE (MIXED ISOMERS)</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>TDI STORAGE AREA REAR OF BLDG 2, 2ND FL</u>	

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Name: <u>TOLUENE DIISOCYANATE (MIXED ISOMERS)</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>11</u> Avg. daily inventory <u>11</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAMMABLES STORAGE RM BLDG. 3B</u>	
Name: <u>TOLUENE DIISOCYANATE (MIXED ISOMERS)</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>PREPOLYMER 1700 GALLON TANK - BLDG 2 - 2ND FL</u>	
Name: <u>TRIMETHYLBENZENE, 1,2,4-</u> Substance Number: <u>2716</u> CAS Number: <u>95-63-6</u> DOT Number: <u>1263</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FLAM STORE ROOM BLDG 3B, WASTE PAD, FINISHED</u>	
Name: <u>TRIMETHYLBENZENE, 1,2,4-</u> Substance Number: <u>2716</u> CAS Number: <u>95-63-6</u> DOT Number: <u>1263</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>CN</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>	

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Name: <u>VINYL PYRILLIDONE</u> Substance Number: CAS Number: <u>88-12-0</u> DOT Number: <u>2810</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG 2	
Name: <u>VINYL PYRILLIDONE</u> Substance Number: CAS Number: <u>88-12-0</u> DOT Number: <u>2810</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	TANK FARM VT-10	
Name: <u>XYLENE (MIXED ISOMERS)</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	TANK FARM VT-22 & VT-6	
Name: <u>XYLENE (MIXED ISOMERS)</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: ()	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	WASTE PAD, FLAM STORE RM BLDG 3B, FINISH GOOD	

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION	
Name: <u>XYLENE (MIXED ISOMERS)</u>	(X) Fire	Container type	<u>BX</u>
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>15</u>
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	
Name: <u>XYLENE (MIXED ISOMERS)</u>	(X) Fire	Container type	<u>OT (PLASTIC PAILS)</u>
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>CARBON BLACK</u>	() Fire	Container type <u>BA</u>
Substance Number: <u>0342</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>1333-86-4</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG 3A</u>		
Name: <u>CARBON BLACK</u>	() Fire	Container type <u>BN</u>
Substance Number: <u>0342</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>1333-86-4</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG 3A</u>		
Name: <u>DIESEL FUEL</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>2444</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>N/A</u>	() Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>1993</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>TANK FARM VT-1 & VT-2</u>		
Name: <u>DIETHANOLAMINE</u>	() Fire	Container type <u>DS</u>
Substance Number: <u>0686</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>111-42-2</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1955</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1C</u>		

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>DIISOCYANATES</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s)	<u>RAW MATERIALS BLDGS 1A & 1B</u>	
Name: <u>DIISOCYANATES</u>	() Fire	Container type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s)	<u>FLAMMABLES ROOM BLDG 3B</u>	
Name: <u>DIISOCYANATES</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number:	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>05</u>
Trade Secret: () Location(s)	<u>TANK FARM BEHIND BLDG 2</u>	
Name: <u>EPOXY RESIN</u>	() Fire	Container type <u>TA</u>
Substance Number: <u>N/A</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>25086-38-6</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s)	<u>OUTSIDE TANK BLDG 2</u>	

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>ETHYLBENZENE</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>0851</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>100-41-4</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>TANK FARM T-22 & VT-6</u>		
Name: <u>ETHYLBENZENE</u>	(X) Fire	Container type <u>BP</u>
Substance Number: <u>0851</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>100-41-4</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>		
Name: <u>ETHYLBENZENE</u>	(X) Fire	Container type <u>BX</u>
Substance Number: <u>0851</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>100-41-4</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>		
Name: <u>ETHYLBENZENE</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>0851</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>100-41-4</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>WASTE PAD</u>		

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Name: <u>FORMALDE HYDE</u>	(X) Fire	Container type <u>OT (PLASTIC PAIL)</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>		
Name: <u>FORMALDE HYDE</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>TANK FARM VT-10, T-16, T-11</u>		
Name: <u>FORMALDEHYDE</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B & 3C</u>		
Name: <u>FORMIC ACID</u>	() Fire	Container type <u>OT (PLASTIC PAIL)</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>		

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Name: <u>FORMIC ACID</u>	() Fire	Container type <u>DS</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (<u>X</u>)	(<u>X</u>) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (<u>X</u>) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>		
Name: <u>FORMIC ACID</u>	() Fire	Container type <u>TA</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (<u>X</u>)	(<u>X</u>) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (<u>X</u>) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>TANK FARM T 11</u>		
Name: <u>FORMIC ACID</u>	() Fire	Container type <u>DP</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>64-18-6</u>	(<u>X</u>) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1779</u>	(<u>X</u>) Acute health effects	Days on site <u>365</u>
Pure (<u>X</u>) or Mixture ()	(<u>X</u>) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (<u>X</u>) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG 2</u>		
Name: <u>ISOPHORONE DIAMINE</u>	() Fire	Container type <u>DS</u>
Substance Number: <u>1067</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>2855-13-2</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>2289</u>	(<u>X</u>) Acute health effects	Days on site <u>365</u>
Pure (<u>X</u>) or Mixture ()	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (<u>X</u>) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>		

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Name: <u>ISOPHORONE DIISOCYANATE</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
	<u>RAW MATERIALS BLDGS 1A & 1B, BLDG 2</u>	
Name: <u>ISOPHORONE DIISOCYANATE</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
	<u>PREPOLYMER STORAGE BLDG 2</u>	
Name: <u>LITHIUM CARBONATE</u> Substance Number: <u>1124</u> CAS Number: <u>554-13-2</u> DOT Number: Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive () Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
	<u>POWDERS MFG & FINISHED GOODS WAREHOUSE BLDG 3</u>	
Name: <u>MALEIC ANHYDRIDE</u> Substance Number: <u>1152</u> CAS Number: <u>9003-54-7</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure (<input checked="" type="checkbox"/>) Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
	<u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B, BLDG. 2</u>	

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>METHANOL</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>67-56-1</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1230</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>TANK FARM VT-10</u>		
Name: <u>METHANOL</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>67-56-1</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1230</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATERIALS WAREHOUSE BLDG. 1A</u>		
Name: <u>METHANOL</u>	(X) Fire	Container type <u>CN</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>67-56-1</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1230</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>		
Name: <u>METHANOL</u>	(X) Fire	Container type <u>DS</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>67-56-1</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1230</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FLAMMABLE STORAGE ROOM BLDG. 3B</u>		

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Name: <u>METHYL ETHYL KETONE</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure (<input checked="" type="checkbox"/>) or Mixture (<input type="checkbox"/>) Solid (<input type="checkbox"/>) Liquid (<input checked="" type="checkbox"/>) or Gas (<input type="checkbox"/>) Trade Secret: (<input type="checkbox"/>) Location(s)	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>FLAMMABLE STORAGE ROOM BLDG. 3B</u>
Name: <u>METHYL ETHYL KETONE</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure (<input type="checkbox"/>) or Mixture (<input checked="" type="checkbox"/>) Solid (<input type="checkbox"/>) Liquid (<input checked="" type="checkbox"/>) or Gas (<input type="checkbox"/>) Trade Secret: (<input type="checkbox"/>) Location(s)	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>FLAMMABLE STORAGE ROOM BLDG. 3B</u>
Name: <u>N-METHYL-2-PYRROLIDONE</u> Substance Number: <u>3716</u> CAS Number: <u>872-50-4</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture (<input type="checkbox"/>) Solid (<input type="checkbox"/>) Liquid (<input checked="" type="checkbox"/>) or Gas (<input type="checkbox"/>) Trade Secret: (<input type="checkbox"/>) Location(s)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>
Name: <u>NAPHTHALENE</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure (<input type="checkbox"/>) or Mixture (<input checked="" type="checkbox"/>) Solid (<input type="checkbox"/>) Liquid (<input checked="" type="checkbox"/>) or Gas (<input type="checkbox"/>) Trade Secret: (<input type="checkbox"/>) Location(s)	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>WASTE STORAGE PAD</u>

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Name: <u>NAPHTHALENE</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	FLAMMABLES RM BLDG 3B, FINISH GOODS WAREHOUSE	
Name: <u>NAPHTHALENE</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Location(s)	BLDG 2 - REYNOLDS TANK, 1ST FLOOR	
Name: <u>P-TOLUENE SULFONYL ISOCYANATE</u> Substance Number: <u>N/A</u> CAS Number: <u>4083-64-1</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	RAW MATERIALS WAREHOUSE BLDGS 1A & 1B	
Name: <u>PROPANE</u> Substance Number: <u>1594</u> CAS Number: <u>74-98-6</u> DOT Number: <u>1978</u> Pure (X) or Mixture () Solid () Liquid () or Gas (X) Trade Secret: ()	(X) Fire (X) Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container type <u>CY</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s)	SW FACILITY YARD, REAR OF BLDG. 1B	

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Name: <u>PROPANE</u>	(X) Fire	Container type <u>TA</u>
Substance Number: <u>1594</u>	(X) Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (X)	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>ADJACENT TO BOILER ROOM BLDG 3A</u>	
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u> ()	Fire	Container type <u>BA</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number:	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG. 3A</u>	
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u> (X)	Fire	Container type <u>DS</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	
Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u> (X)	Fire	Container type <u>OT (PLASTIC PAIL)</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: ()	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	

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Name: <u>PVC (CHLOROETHYLENE, POLYMER)</u> (X)	Fire	Container type <u>BX</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3A & 3B</u>		
Name: <u>SAMPLES OF REPORTED SUBSTANCE</u>	(X) Fire	Container type <u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>N/A</u>	(X) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>QC LABORATORY BLDG 2 (3RD FLOOR)</u>		
Name: <u>SAMPLES OF REPORTED SUBSTANCES</u>	(X) Fire	Container type <u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>N/A</u>	(X) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>R & D LABORATORY BLDG 5</u>		
Name: <u>SAMPLES OF REPORTED SUBSTANCES</u>	(X) Fire	Container type <u>OT (BAGS & CANS)</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>N/A</u>	(X) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>N/A</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>R & D LABORATORY BLDG. 5</u>		

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Name: <u>SAMPLES OF REPORTED SUBSTANCES</u> Substance Number: <u>3628</u> CAS Number: DOT Number: Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: () Location(s)	(X) Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	<u>OT (BAGS & CANS)</u> <u>12</u> <u>12</u> <u>365</u> <u>01</u> <u>04</u>
Location(s) <u>QC LABORATORY BLDG. 2 (3RD FLOOR)</u>			
Name: <u>SILICA, QUARTZ</u> Substance Number: <u>1660</u> CAS Number: <u>14808-60-7</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	<u>BA</u> <u>14</u> <u>14</u> <u>365</u> <u>01</u> <u>04</u>
Location(s) <u>POWDERS PLANT BLDG. 3C</u>			
Name: <u>SILICA, QUARTZ</u> Substance Number: <u>1660</u> CAS Number: <u>14808-60-7</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	<u>TI</u> <u>18</u> <u>17</u> <u>365</u> <u>01</u> <u>04</u>
Location(s) <u>POWDERS PLANT BLDG. 3C</u>			
Name: <u>SODIUM ALUMINATE</u> Substance Number: <u>N/A</u> CAS Number: <u>1320-42-7</u> DOT Number: <u>N/A</u> Pure () or Mixture (X) Solid (X) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	<u>BA</u> <u>14</u> <u>14</u> <u>365</u> <u>01</u> <u>04</u>
Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1C</u>			

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SIKA CORPORATION

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2000 CEHMICAL INVENTORY REPORT

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LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2000

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>SODIUM ALUMINATE POWDER</u>	() Fire	Container type <u>BA</u>
Substance Number: <u>N/A</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1302-42-7</u>	(X) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>2812</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>		
Name: <u>SODIUM HYDROXIDE</u>	() Fire	Container type <u>TI</u>
Substance Number: <u>N/A</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>7732-18-5</u>	(X) Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1824</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>TANK INSIDE BLDG. 2</u>		
Name: <u>SODIUM HYDROXIDE</u>	() Fire	Container type <u>DS</u>
Substance Number: <u>N/A</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>7732-18-5</u>	(X) Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1824</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture ()	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>		
Name: <u>SODIUM NITRATE</u>	() Fire	Container type <u>CN</u>
Substance Number: <u>1711</u>	() Sudden release of pressure	Max. daily inventory <u>10</u>
CAS Number: <u>7631-99-4</u>	() Reactive	Avg. daily inventory <u>10</u>
DOT Number: <u>1498</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>		

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>SODIUM NITRATE</u> Substance Number: <u>1711</u> CAS Number: <u>7631-99-4</u> DOT Number: <u>1498</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DP</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
FINISHED GOODS WAREHOUSE BLDG. 3B		
Name: <u>SODIUM NITRITE</u> Substance Number: <u>2258</u> CAS Number: <u>7632-00-0</u> DOT Number: <u>1500</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
TANK FARM T-20		
Name: <u>SODIUM NITRITE</u> Substance Number: <u>2258</u> CAS Number: <u>7632-00-0</u> DOT Number: <u>1500</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
RAW MATERIALS WAREHOUSE BLDGS 1A & 1B		
Name: <u>SULFANILIC ACID</u> Substance Number: <u>N/A</u> CAS Number: <u>121-57-3</u> DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
RAW MATERIALS WAREHOUSE BLDGS 1A & 1B, BLDG 2		

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>TITANIUM DIOXIDE</u> Substance Number: <u>1861</u> CAS Number: <u>13463-67-7</u> DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: () Location(s)	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>RAW MATLS WAREHOUSE BLDGS 1B & 1A, BLDG. 3C</u>
Name: <u>TOLUENE</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: () Location(s)	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>FLAMMABLE STORAGE RM BLDG 3B</u>
Name: <u>TOLUENE</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1299</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: () Location(s)	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>CN</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>
Name: <u>TOLUENE</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: () Location(s)	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> <u>RAW MATERIALS WAREHOUSE BLDGS 1A & 1B</u>

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>TOLUENE DIISOCYANATE (MIXED ISOMERS)</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure (X) or Mixture () Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	TDI STORAGE AREA REAR OF BLDG 2, 2ND FL	
Name: <u>TOLUENE DIISOCYANATE (MIXED ISOMERS)</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>11</u> Avg. daily inventory <u>11</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	FLAMMABLES STORAGE RM BLDG. 3B	
Name: <u>TOLUENE DIISOCYANATE (MIXED ISOMERS)</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure () or Mixture (X) Solid () Liquid (X) or Gas () Trade Secret: ()	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	PREPOLYMER 1700 GALLON TANK - BLDG 2 - 2ND FL	
Name: <u>UREA</u> Substance Number: <u>N/A</u> CAS Number: <u>57-13-6</u> DOT Number: <u>N/A</u> Pure (X) or Mixture () Solid (X) Liquid () or Gas () Trade Secret: ()	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	RAW MATERIALS WAREHOUSE BLDGS 1A & 1B	

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SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>VINYL PYRILLIDONE</u> Substance Number: <u>N/A</u> CAS Number: <u>88-12-0</u> DOT Number: <u>2810</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>RAW MATLS WAREHOUSE BLDGS 1A & 1B, BLDG 2</u>		
Name: <u>VINYL PYRILLIDONE</u> Substance Number: <u>N/A</u> CAS Number: <u>88-12-0</u> DOT Number: <u>2810</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>10</u> Avg. daily inventory <u>10</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>TANK FARM VT-10</u>		
Name: <u>XYLENE (MIXED ISOMERS)</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>TA</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>TANK FARM VT-22 & VT-6</u>		
Name: <u>XYLENE (MIXED ISOMERS)</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (<input checked="" type="checkbox"/>) Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	(<input checked="" type="checkbox"/>) Fire () Sudden release of pressure () Reactive (<input checked="" type="checkbox"/>) Acute health effects (<input checked="" type="checkbox"/>) Chronic health effects () None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>WASTE PAD, FLAM STORE RM BLDG 3B, FINISH GOOD</u>		

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Reporting Period: January 1 - December 31, 2000

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION	
Name: <u>XYLENE (MIXED ISOMERS)</u>	(X) Fire	Container type	<u>BX</u>
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>15</u>
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	
Name: <u>XYLENE (MIXED ISOMERS)</u>	(X) Fire	Container type	<u>OT (PLASTIC PAILS)</u>
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	<u>01</u>
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature	<u>04</u>
Trade Secret: ()	Location(s)	<u>FINISHED GOODS WAREHOUSE BLDGS 3B & 3C</u>	



EPA
United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2;
Attach substantiation forms) ☒ No (Do not answer 2.2;
Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary
a. 2891 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
40 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893 a. NJD002179893 a. NJ0002011 a. NA
b. b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
XYLENE (MIXED ISOMERS)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical not on the list.) 1330207
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) XYLENE (MIXED ISOMERS)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
 (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X															

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA <input type="checkbox"/>	196	O	
5.2	Stack or point air emissions NA <input type="checkbox"/>	2087	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc.)

1

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
XYLENE (MIXED ISOMERS)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4 Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA
POTW Address		
City	State	County
		Zip

6.1.B.2	POTW Name
POTW Address	
City	State
	County
	Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	PAD085690592
Off-Site Location Name	PHILIPS SERVICES	
Off-Site Address	2869 SANDSTONE DRIVE	
City	HATFIELD	State
PA	County	BUCKS
Zip	19440	Country (Non-US)
Is location under control of reporting facility or parent company?		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 60617	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

NA

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.

NA

2.

3.

4.

5.

6.

7.

8.

9.

10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	62879	63297	30000	20000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	163328	144240	150000	125000
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000001.05	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W14	a. T01	b. T04	c. T06	
8.10.2	W42	a. T01	b. T04	c. T06	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	



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FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary
a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
40 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b. b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
ETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical or
	100414
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	ETHYLBENZENE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X																

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input type="checkbox"/> Produce b. <input type="checkbox"/> Import	a.	<input type="checkbox"/> As a reactant	a.	<input type="checkbox"/> As a chemical processing aid
	If produce or import:	b.	<input checked="" type="checkbox"/> As a formulation component	b.	<input type="checkbox"/> As a manufacturing aid
c.	<input type="checkbox"/> For on-site use/processing	c.	<input type="checkbox"/> As an article component	c.	<input checked="" type="checkbox"/> Ancillary or other use
d.	<input type="checkbox"/> For sale/distribution	d.	<input type="checkbox"/> Repackaging		
e.	<input type="checkbox"/> As a byproduct	e.	<input type="checkbox"/> As an impurity		
f.	<input type="checkbox"/> As an impurity				

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04	(Enter two-digit code from instruction package.)
-----	----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	34	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	368	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc.)

1

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

S00197

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)				TRI Facility ID Number 07071SKCRP201PO			
				Toxic Chemical, Category or Generic Name ETHYLBENZENE			

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)					
		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA		
5.5	Disposal to land onsite				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA		
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA		
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA		
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA		
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS											
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)											
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate											
6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)					6.1.A.2 Basis of Estimate (enter code)						
NA											
6.1.B.1		POTW Name		NA							
POTW Address											
City				State		County			Zip	-	
6.1.B.2		POTW Name									
POTW Address											
City				State		County			Zip		
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.)											
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS											
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)					NJD002454544						
Off-Site Location Name		MARISOL INC.									
Off-Site Address		125 FACTORY LANE									
City	MIDDLESEX			State	NJ	County	MIDDLESEX		Zip	08846	
								Country (Non-US)			
Is location under control of reporting facility or parent company?										<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 28828	1. O	1. M56
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

PAD085690592

Off-Site location Name

PHILIPS SERVICES

Off-Site Address

2869 SANDSTONE DRIVE

City

HATFIELD

State

PA

County

BUCKS

Zip

19440-

Country

(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 10436	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3		%	Yes No
	6			<input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3		%	Yes No
	6			<input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3		%	Yes No
	6			<input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3		%	Yes No
	6			<input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3		%	Yes No
	6			<input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

EPA FORM R		TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		07071SKCRP201PO		
		Toxic Chemical, Category or Generic Name		
		ETHYLBENZENE		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)]				
1	NA	2		
3		4	o	
SECTION 7C. ON-SITE RECYCLING PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)]				
1.	NA	2.		
3.		4.		
5.		6.		
7.		8.		
9.		10.		
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES				
	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	11092	10838	7500
8.2	Quantity used for energy recovery onsite	NA	NA	NA
8.3	Quantity used for energy recovery offsite	28823	28823	25000
8.4	Quantity recycled onsite	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0
8.6	Quantity treated onsite	NA	NA	NA
8.7	Quantity treated offsite	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0
8.9	Production ratio or activity index			0000001.05
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)		
8.10.1	W14	a. T01	b. T04	c. T06
8.10.2	W42	a. T01	b. T04	c. T06
8.10.3	NA	a.	b.	c.
8.10.4	NA	a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



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FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
		For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?		2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		(Answer only if "YES" in 2.1)	

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
ANTHONY JURG VICE PRESIDENT		06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	07071SKCRP201PO
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)
SIKA CORPORATION		
Street		Mailing Address
201 POLITO AVENUE		
City/County/State/Zip Code		Country (Non-US)
LYNDHURST BERGEN NJ 07071		

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)			
	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO

4.3	Technical Contact Name	DANIEL MARTIN	Telephone Number (include area code) (201) 933-8800
------------	------------------------	---------------	--

4.4	Public Contact Name	DANIEL MARTIN	Telephone Number (include area code) (201) 933-8800
------------	---------------------	---------------	--

4.5	SIC Code (s) (4 digits)	Primary	a. 2891	b. NA	c.	d.	e.	f.
------------	-------------------------	---------	---------	-------	----	----	----	----

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		40	48	20		074	06	30

4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 002179893		a. NJD002179893		a. NJ0002011		a. NA	
b.		b.		b. NJ0101389		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
NAPHTHALENE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical)
	91203
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	NAPHTHALENE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X																

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
If produce or import:		c. <input type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	c. <input checked="" type="checkbox"/> Ancillary or other use	
c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution	e. <input type="checkbox"/> As an impurity			
e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity				

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03	(Enter two-digit code from instruction package.)
------------	----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	11	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	65	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071SKCRP201PO..	
						Toxic Chemical, Category or Generic Name NAPHTHALENE	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)							
		NA	A. Total Release (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)	
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA				
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA				
5.5	Disposal to land onsite						
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA				
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA				
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA				
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA				
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA				
SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS							
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)							
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate							
6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)				6.1.A.2 Basis of Estimate (enter code)			
NA							
6.1.B.1		POTW Name NA					
POTW Address							
City		State		County		Zip	-
6.1.B.2		POTW Name NA					
POTW Address							
City		State		County		Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages In this box <input type="text" value="1"/> and indicate the Part II, Section 6.1 page number in this box <input type="text" value="1"/> (example: 1,2,3, etc.)							
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS							
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)				NJD002454544			
Off-Site Location Name		MARISOL INC.					
Off-Site Address		125 FACTORY LANE					
City	MIDDLESEX	State	NJ	County	MIDDLESEX	Zip	08846
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071SKCRP201PO		
						Toxic Chemical, Category or Generic Name NAPHTHALENE		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)								
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. 27984			1. O			1. M56		
2. NA			2.			2.		
3.			3.			3.		
4.			4.			4.		
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)								
Off-Site location Name								
Off-Site Address								
City		State		County		Zip	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
4.			4.			4.		
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY								
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a		7A.1b				7A.1c	7A.1d	7A.1e
NA		3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a		7A.2b				7A.2c	7A.2d	7A.2e
		3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a		7A.3b				7A.3c	7A.3d	7A.3e
		3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a		7A.4b				7A.4c	7A.4d	7A.4e
		3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a		7A.5b				7A.5c	7A.5d	7A.5e
		3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : <input type="text" value="1"/> (example: 1,2,3, etc)								

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 07071SKCRP201PO	
		Toxic Chemical, Category or Generic Name NAPHTHALENE	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	390	76	1000	1000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	10036	27984	20000	20000
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000001.05	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2	NA	a.	b.	c.	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
 (Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees 40 Minutes 48 Seconds 20 Longitude Degrees 074 Minutes 06 Seconds 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893 a. NJD002179893 a. NJ0002011 a. NA
b. b. b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
1,2,4-TRIMETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical cc)
	95636
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	1,2,4-TRIMETHYLBENZENE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X																

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input checked="" type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
c. <input type="checkbox"/> If produce or import: For on-site use/processing	d. <input type="checkbox"/> For sale/distribution	c. <input type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	c. <input type="checkbox"/> Ancillary or other use	
e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity	e. <input type="checkbox"/> As an impurity			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03	(Enter two-digit code from instruction package.)
------------	----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA	
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>	NA	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc.)

1

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO..

Toxic Chemical, Category or Generic Name

1,2,4-TRIMETHYLBENZENE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*)
(enter range code** or estimate)

6.1.A.2 Basis of Estimate
(enter code)

NA

6.1.B.1

POTW Name

NA

POTW Address

City

State

County

Zip

-

6.1.B.2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

In this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NJD002454544

Off-Site Location Name

MARISOL INC.

Off-Site Address

125 FACTORY LANE

City

MIDDLESEX

State

NJ

County

MIDDLESEX

Zip

08846

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☒ No

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071SKCRP201PO		
						Toxic Chemical, Category or Generic Name 1,2,4-TRIMETHYLBENZENE		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)								
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. 4805			1. O			1. M56		
2. NA			2.			2.		
3.			3.			3.		
4.			4.			4.		
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)								
Off-Site location Name								
Off-Site Address								
City		State		County		Zip		
						Country (Non-US)		
Is location under control of reporting facility or parent company?						Yes	No	
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
4.			4.			4.		
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY								
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?	
7A.1a	7A.1b	1		2		7A.1c	7A.1d	7A.1e
NA	3		4		5		%	Yes No
	6		7		8			<input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e
	3		4		5		%	Yes No
	6		7		8			<input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e
	3		4		5		%	Yes No
	6		7		8			<input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e
	3		4		5		%	Yes No
	6		7		8			<input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e
	3		4		5		%	Yes No
	6		7		8			<input type="checkbox"/> <input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :						1	1 (example: 1,2,3, etc)	

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 07071SKCRP201PO	
		Toxic Chemical, Category or Generic Name 1,2,4-TRIMETHYLBENZENE	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. <input type="text" value="NA"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
------------------------------------	-------------------------	-------------------------	-------------------------

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. <input type="text" value="NA"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>	5. <input type="text"/>
6. <input type="text"/>	7. <input type="text"/>	8. <input type="text"/>	9. <input type="text"/>	10. <input type="text"/>

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	0	0	5	5
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	1723	4805	3000	3000
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000000.11	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	
8.10.2	NA	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	
8.10.3	NA	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	
8.10.4	NA	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	



EPA
United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DANIEL MARTIN
Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DANIEL MARTIN
Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits)
Primary
a. 2891 b. NA c. d. e. f.

4.6 Latitude
Degrees 40 Minutes 48 Seconds
Longitude
Degrees 074 Minutes 06 Seconds 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b. b. b. b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
DIISOCYANATES

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

- 1.1** CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical cc
N120
- 1.2** Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
DIISOCYANATES
- 1.3** Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X															

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

- 2.1** Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

- | | | |
|--|--|--|
| 3.1 Manufacture the toxic chemical: | 3.2 Process the toxic chemical: | 3.3 Otherwise use the toxic chemical: |
| a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import.
If produce or import:
c. <input type="checkbox"/> For on-site use/processing
d. <input type="checkbox"/> For sale/distribution
e. <input type="checkbox"/> As a byproduct
f. <input type="checkbox"/> As an impurity | a. <input checked="" type="checkbox"/> As a reactant
b. <input type="checkbox"/> As a formulation component
c. <input type="checkbox"/> As an article component
d. <input type="checkbox"/> Repackaging
e. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a chemical processing aid
b. <input type="checkbox"/> As a manufacturing aid
c. <input type="checkbox"/> Ancillary or other use |

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

- 4.1** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA		
5.2	Stack or point air emissions	NA <input type="checkbox"/>	266	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)					TRI Facility ID Number 07071SKCRP201PO..	
					Toxic Chemical, Category or Generic Name DIISOCYANATES	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)						
		NA	A. Total Release (pounds/year*) (enter range code** or estimate)		B. Basis of Estimate (enter code)	
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA			
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA			
5.5	Disposal to land onsite					
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA			
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA			
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA			
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS										
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)										
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate										
6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)					6.1.A.2 Basis of Estimate (enter code)					
NA										
6.1.B.1		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">POTW Name</div> <div>NA</div> </div>								
POTW Address										
City				State		County			Zip	-
6.1.B.2		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">POTW Name</div> <div></div> </div>								
POTW Address										
City				State		County			Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages In this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.)										
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS										
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)							PAD085690592			
Off-Site Location Name		PHILIPS SERVICES								
Off-Site Address		2869 SANDSTONE DRIVE								
City	HATFIELD			State	PA	County	BUCKS		Zip	19440
									Country (Non-US)	
Is location under control of reporting facility or parent company? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071SKCRP201PO	
						Toxic Chemical, Category or Generic Name DIISOCYANATES	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)							
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. 500			1. O		1. M72		
2. NA			2.		2.		
3.			3.		3.		
4.			4.		4.		
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)							
Off-Site location Name							
Off-Site Address							
City		State		County		Zip	Country (Non-US)
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1.			1.		1.		
2.			2.		2.		
3.			3.		3.		
4.			4.		4.		
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence (enter 3-character code(s))			c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a		7A.1b			7A.1c	7A.1d	7A.1e
NA		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a		7A.2b			7A.2c	7A.2d	7A.2e
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a		7A.3b			7A.3c	7A.3d	7A.3e
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a		7A.4b			7A.4c	7A.4d	7A.4e
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a		7A.5b			7A.5c	7A.5d	7A.5e
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box						<input type="text" value="1"/>	
and indicate the Part II, Section 6.2/7A page number in this box :						<input type="text" value="1"/> (example: 1,2,3, etc)	

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 07071SKCRP201PO	
		Toxic Chemical, Category or Generic Name DIISOCYANATES	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]
 1. NA 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]
 1. NA 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released ***	251	266	250	250
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	0	0	0	0
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	5400	500	10000	10000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000001.30	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2	NA	a.	b.	c.	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
40 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893

a. NJD002179893

a. NJ0002011

a. NA

b.

b.

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION		TRI Facility ID Number 07071SKCRP201P0	
		Toxic Chemical, Category or Generic Name TOLUENE DIISOCYANATE (MIXED ISOMERS)	

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)																	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical)																
	26471625																
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																
	TOLUENE DIISOCYANATE (MIXED ISOMERS)																
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																
	NA																
1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	NA	X															
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)																	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)																
	NA																
SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)																	
3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:														
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity															
		3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use															
SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR																	
4.1	03 (Enter two-digit code from instruction package.)																
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE																	
		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)														
5.1	Fugitive or non-point air emissions	NA X	NA														
5.2	Stack or point air emissions	NA	0														
5.3	Discharges to receiving streams or water bodies (enter one name per box)																
Stream or Water Body Name																	
5.3.1	NA																
5.3.2																	
5.3.3																	
If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. 1 (example: 1,2,3, etc.)																	

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number	
						07071SKCRP201PO..	
						Toxic Chemical, Category or Generic Name	
						TOLUENE DIISOCYANATE (MIXED ISOMERS)	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)							
		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)			
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA				
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA				
5.5	Disposal to land onsite						
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA				
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA				
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA				
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA				
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA				

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS											
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)											
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate											
6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)					6.1.A.2 Basis of Estimate (enter code)						
NA											
6.1.B.1		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">POTW Name</div> <div>NA</div> </div>									
POTW Address											
City				State		County			Zip	-	
6.1.B.2		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">POTW Name</div> <div></div> </div>									
POTW Address											
City				State		County			Zip		
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.)											
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS											
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						PAD085690592					
Off-Site Location Name		PHILIPS SERVICES									
Off-Site Address		2869 SANDSTONE DRIVE									
City	HATFIELD			State	PA	County	BUCKS		Zip	19440	
									Country (Non-US)		
Is location under control of reporting facility or parent company?										<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R						TRI Facility ID Number	
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						07071SKCRP201PO	
						Toxic Chemical, Category or Generic Name	
						TOLUENE DIISOCYANATE (MIXED ISOMERS)	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)							
A. Total Transfers (pounds/year*) (enter range code** or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 3711		1. O		1. M72			
2. NA		2.		2.			
3.		3.		3.			
4.		4.		4.			
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)							
Off-Site location Name							
Off-Site Address							
City		State		County		Zip	
						Country (Non-US)	
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No							
A. Total Transfers (pounds/year*) (enter range code** or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1.		1.		1.			
2.		2.		2.			
3.		3.		3.			
4.		4.		4.			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	1	2	7A.1c	7A.1d	7A.1e	
NA	3	4	5		%	Yes No	
	6	7	8			<input type="checkbox"/> <input type="checkbox"/>	
7A.2a	7A.2b	1	2	7A.2c	7A.2d	7A.2e	
	3	4	5		%	Yes No	
	6	7	8			<input type="checkbox"/> <input type="checkbox"/>	
7A.3a	7A.3b	1	2	7A.3c	7A.3d	7A.3e	
	3	4	5		%	Yes No	
	6	7	8			<input type="checkbox"/> <input type="checkbox"/>	
7A.4a	7A.4b	1	2	7A.4c	7A.4d	7A.4e	
	3	4	5		%	Yes No	
	6	7	8			<input type="checkbox"/> <input type="checkbox"/>	
7A.5a	7A.5b	1	2	7A.5c	7A.5d	7A.5e	
	3	4	5		%	Yes No	
	6	7	8			<input type="checkbox"/> <input type="checkbox"/>	
If additional pages of Part II, Section 6.2/7A are attached, Indicate the total number of pages in this box 1							
and Indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)							

EPA FORM R		TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		07071SKCRP201PO		
		Toxic Chemical, Category or Generic Name		
		TOLUENE DIISOCYANATE (MIXED ISOMERS)		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)]				
1	NA	2		
3		4		
SECTION 7C. ON-SITE RECYCLING PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)]				
1.	NA	2.		
3.		4.		
5.		6.		
7.		8.		
9.		10.		
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES				
	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released ***	32	37	35
8.2	Quantity used for energy recovery onsite	NA	NA	NA
8.3	Quantity used for energy recovery offsite	0	0	0
8.4	Quantity recycled onsite	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0
8.6	Quantity treated onsite	NA	NA	NA
8.7	Quantity treated offsite	0	3711	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA
8.9	Production ratio or activity index			0000001.14
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



EPA
United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center P.O Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
		For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
--	---	--

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature	Date Signed:
ANTHONY JURG VICE PRESIDENT		06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	07071SKCRP201PO
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)	
SIKA CORPORATION		
Street	Mailing Address	
201 POLITO AVENUE		
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)
LYNDHURST BERGEN NJ 07071-		

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)						
	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO			
4.3	Technical Contact Name	DANIEL MARTIN		Telephone Number (include area code) (201) 933-8800			
4.4	Public Contact Name	DANIEL MARTIN		Telephone Number (include area code) (201) 933-8800			
4.5	SIC Code (s) (4 digits)	Primary a. 2891	b.	c. d. e. f.			
4.6	Latitude	Degrees 40	Minutes 48	Seconds 20			
		Longitude		Degrees 074			
				Minutes 06			
				Seconds 30			
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 002179893		a. NJD002179893		a. NJ0002011		a. NA	
b.		b.		b. NJ0101389		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

FORMALDEHYDE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical cc
 50000

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 FORMALDEHYDE

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
 NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X																

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	63	0
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

S00222

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071SKCRP201PO..
	Toxic Chemical, Category or Generic Name
	FORMALDEHYDE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA
POTW Address		
City	State	County
Zip		
6.1.B.2	POTW Name	
POTW Address		
City	State	County
Zip		

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 In this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	PAD085690592
Off-Site Location Name		PHILIPS SERVICES
Off-Site Address		2869 SANDSTONE DRIVE
City	HATFIELD	State PA
County	BUCKS	Zip 19440
Country (Non-US)		
Is location under control of reporting facility or parent company?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071SKCRP201PO	
						Toxic Chemical, Category or Generic Name FORMALDEHYDE	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)									
A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 1602			1. O			1. M72			
2. NA			2.			2.			
3.			3.			3.			
4.			4.			4.			

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site location Name									
Off-Site Address									
City		State		County		Zip	-	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input type="checkbox"/> No			

A. Total Transfers (pounds/year*) (enter range code** or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1.			1.			1.			
2.			2.			2.			
3.			3.			3.			
4.			4.			4.			

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY									
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.									

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]						c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	1		2			7A.1c	7A.1d	7A.1e
	3		4		5				
	6		7		8				
NA								%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b	1		2			7A.2c	7A.2d	7A.2e
	3		4		5				
	6		7		8				
								%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b	1		2			7A.3c	7A.3d	7A.3e
	3		4		5				
	6		7		8				
								%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b	1		2			7A.4c	7A.4d	7A.4e
	3		4		5				
	6		7		8				
								%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	1		2			7A.5c	7A.5d	7A.5e
	3		4		5				
	6		7		8				
								%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :		1 (example: 1,2,3, etc)
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EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)				TRI Facility ID Number 07071SKCRP201PO	
				Toxic Chemical, Category or Generic Name FORMALDEHYDE	
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.					
Energy Recovery Methods [enter 3-character code(s)]					
1	NA	2		3	
SECTION 7C. ON-SITE RECYCLING PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.					
Recycling Methods [enter 3-character code(s)]					
1.	NA	2.		3.	
4.		5.		6.	
7.		8.		9.	
10.					
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES					
		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	126	36	50	50
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	0	0	0	0
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	358	1602	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0000001.33	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

United States
Environmental Protection AgencyTOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for: (Important: check c or d if applicable)
 c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DANIEL MARTIN
 Telephone Number (include area code)
 (201) 933-8800

4.4 Intentionally left blank

4.5 SIC Code (s) (4 digits)
 Primary
 a. 2891 b. NA c. d. e. f.

4.6 Latitude
 Degrees 040 Minutes 48 Seconds 20
 Longitude
 Degrees 074 Minutes 06 Seconds 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
 4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
 4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
 4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
 b. b. b. b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM A	
PART II. CHEMICAL IDENTIFICATION	
TRIFID: 07071SKCRP201PO	
Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*	
Report 1 of 5	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 67561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) METHANOL
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
Report 2 of 5	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 108316
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) MALEIC ANHYDRIDE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
Report 3 of 5	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 64186
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) FORMIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
Report 4 of 5	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7632000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) SODIUM NITRITE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA

EPA FORM A	
PART II. CHEMICAL IDENTIFICATION	
Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*	
TRIFID: 07071SKCRP201PO	
SECTION 1. TOXIC CHEMICAL IDENTITY	
Report 5 of 5	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 554132
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) LITHIUM CARBONATE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA

NJDEP

Community RTK (2000)

S00229

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMUNITY RIGHT TO KNOW SURVEY FOR 2000

For State and Federal Community Right to Know Reporting

Facility ID: 02944800000

SIC: 2891

NAIC: 32552

(A) Facility Location:

SIKA CORPORATION
201 POLITO AVENUE
LYNDHURST, NJ 07071

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

(B) Does this facility Produce, Store, or Use Environmental Hazardous Substance on Table A:		(D) Number of employees at facility: 171
1. In any quantity?	Yes (X) () No	(E) Number of facilities in New Jersey: 1
2. Above thresholds?	Yes (X) () No	(F) Federal EIN: 221594831
(C) Facility Status: <u>Active</u>		(G) If you are claiming an R&D lab exemption for this facility, enter your approval number here.
(H) Are you reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)? Yes () No (X)		
(I) FACILITY EMERGENCY CONTACT: Name: A. JURG Title: VICE PRESIDENT Facility Phone Number: (201) 933-8800 Emergency Contact Phone: (201) 933-8800		
(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. Signature: <u>D. Martin</u> Date: <u>2/28/01</u> Phone #: (201) 933-8800 Name: DANIEL MARTIN Title: ENVIRO. Email: martin.dan@sika-corp.com ENGINEER (Please sign and date. Mail copies to your local Police, Fire departments, county lead agency and local emergency planning committee.)		

Legend**CONTAINER CODES AND DESCRIPTIONS**

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel drum	BG	Bottles of jugs (glass)
DP	Plastic drum	BP	Bottles of jugs (plastic)
DF	Fiber drum	BN	Tote bin
CN	Can	TW	Tank wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other (describe)

INVENTORY RANGE CODES

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

STORAGE TEMPERATURE AND PRESSURE CODESPressure

01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic condition (less than -200 C)

* Ambient means "normal", "surrounding," or "room" conditions

Facility ID: 02944800000

Page 3 of 22

SIKA CORPORATION

PART 2
2000 CEHMICAL INVENTORY REPORT

SIKA CORPORATION
201 POLITO AVE
LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2000

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION	
Name: <u>1,2,4 TRIMETHYLBENZENE</u>	(X) Fire	Container type	DS
Substance Number: <u>2716</u>	() Sudden release of pressure	Max. daily inventory	13
CAS Number: <u>95-63-6</u>	() Reactive	Avg. daily inventory	13
DOT Number: <u>1263</u>	(X) Acute health effects	Days on site	365
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	01
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature	04
Trade Secret: ()	Location(s)	FLAM STORE ROOM BLDG 3B, WASTE PAD, FINISHED	
Name: <u>1,2,4 TRIMETHYLBENZENE</u>	(X) Fire	Container type	CN
Substance Number: <u>2716</u>	() Sudden release of pressure	Max. daily inventory	13
CAS Number: <u>95-63-6</u>	() Reactive	Avg. daily inventory	12
DOT Number: <u>1263</u>	(X) Acute health effects	Days on site	365
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	01
Solid () Liquid (X) or Gas ()	() None per MSDS	Storage temperature	04
Trade Secret: ()	Location(s)	FINISHED GOODS WAREHOUSE BLDG. 3B	
Name: <u>ALUMINUM (FUME OR DUST)</u>	(X) Fire	Container type	DS
Substance Number: <u>0054</u>	() Sudden release of pressure	Max. daily inventory	12
CAS Number: <u>7429-90-5</u>	(X) Reactive	Avg. daily inventory	12
DOT Number: <u>1383</u>	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ()	(X) Chronic health effects	Storage pressure	01
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature	04
Trade Secret: ()	Location(s)	POWDERS MFG BLDG 3C FINISHED GOODS BLDG 3C	
Name: <u>ALUMINUM (FUME OR DUST)</u>	(X) Fire	Container type	BA
Substance Number: <u>0054</u>	() Sudden release of pressure	Max. daily inventory	10
CAS Number: <u>7429-90-5</u>	(X) Reactive	Avg. daily inventory	10
DOT Number: <u>1383</u>	(X) Acute health effects	Days on site	365
Pure () or Mixture (X)	(X) Chronic health effects	Storage pressure	01
Solid (X) Liquid () or Gas ()	() None per MSDS	Storage temperature	04
Trade Secret: ()	Location(s)	FINISHED GOODS WAREHOUSE BLDG 3C	

Facility ID: 02944800000

Page 4 of 22

SIKA CORPORATION

PART 2
2000 CEHMICAL INVENTORY REPORT

 SIKA CORPORATION
 201 POLITO AVE
 LYNDHURST, NJ 07071

Reporting Period: January 1 - December 31, 2000

SUBSTANCE DESCRIPTION	HAZARDS	INVENTORY INFORMATION
Name: <u>ALUMINUM SULFATE</u> Substance Number: <u>0068</u> CAS Number: <u>10043-01-3</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: () Location(s)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
RAW MATERIALS WAREHOUSE BLDGS 1A & 1C		
Name: <u>BENZYL ALCOHOL</u> Substance Number: <u>N/A</u> CAS Number: <u>100-51-6</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid () Liquid (<input checked="" type="checkbox"/>) or Gas () Trade Secret: () Location(s)	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
RAW MATERIALS WAREHOUSE BLDGS 1A & 1B		
Name: <u>CALCIUM HYDROXIDE</u> Substance Number: <u>0322</u> CAS Number: <u>1305-62-0</u> DOT Number: <u>N/A</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: () Location(s)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
RAW MATERIALS BLDGS 1A & 1B		
Name: <u>CALCIUM OXIDE</u> Substance Number: <u>N/A</u> CAS Number: <u>305-78-8</u> DOT Number: <u>1910</u> Pure (<input checked="" type="checkbox"/>) or Mixture () Solid (<input checked="" type="checkbox"/>) Liquid () or Gas () Trade Secret: () Location(s)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
RAW MATERIALS WAREHOUSE BLDGS 1A & 1B		

USEPA

Form R (1999)

S00234

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100% RECYCLED CONTENT

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?		2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		(Answer only if "YES" in 2.1)	

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/1999

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	07071-SKCRP-201PO
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)
SIKA CORPORATION		
Street		Mailing Address
201 POLITO AVENUE		
City/County/State/Zip Code		City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071		

4.2	This report contains information for: (Important: check a or b; check c if applicable)														
	a.	<input checked="" type="checkbox"/> An entire facility	b.	<input type="checkbox"/> Part of a facility	c.	<input type="checkbox"/> A Federal facility									
4.3	Technical Contact Name		DANIEL MARTIN		Telephone Number (include area code) (201) 933 - 8800										
4.4	Public Contact Name		DANIEL MARTIN		Telephone Number (include area code) (201) 933 - 8800										
4.5	SIC Code (s) (4 digits):		<table border="1"> <tr> <th colspan="2">Primary</th> <th rowspan="2">b. NA</th> <th rowspan="2">c.</th> <th rowspan="2">d.</th> <th rowspan="2">e.</th> <th rowspan="2">f.</th> </tr> <tr> <td>a.</td> <td>2891</td> </tr> </table>				Primary		b. NA	c.	d.	e.	f.	a.	2891
Primary		b. NA	c.	d.	e.	f.									
a.	2891														
4.6	Latitude	Degrees 040	Minutes 48	Seconds 20	Longitude	Degrees 074	Minutes 06	Seconds 30							
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)								
a.	002179893	a.	NJD002179893	a.	NJ0002011	a.	NA								
b.	NA	b.	NA	b.	NJ0101389	b.									

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 07071-SKCRP-201PO
 Toxic Chemical, Category or Generic Name
 XYLENE (MIXED ISOMERS)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical cc
 001330207

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 XYLENE (MIXED ISOMERS)

1.3 Generic Chemical Name (Important: Complete if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 05 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	320	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	3402	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. 1 (example: 1,2,3, etc.)

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO..

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4 Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year)
 (enter range code* or estimate)

NA

6.1.A.2 Basis of Estimate
 (enter code)

6.1.B.1

POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B.2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

In this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NJD002454544

Off-Site Location Name

MARISOL INC.

Off-Site Address

125 FACTORY LANE

City

MIDDLESEX

State

NJ

County

MIDDLESEX

Zip

08846-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 222465	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

PAD085690592

Off-Site location Name PHILIPS SERVICES

Off-Site Address 2869 SANDSTONE DRIVE

City HATFIELD

State NJ

County BUCKS

Zip 19440-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 59136	1. O	1. M72
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1 2 3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

2

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

MDD980554653

Off-Site location Name

SAFETY KLEEN, INC

Off-Site Address

3527 WHISKEY BOTTOM ROAD

City

LAUREL

State

MD

County

ANNE ARUNDEL

Zip

20724-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 20	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.6a	7A.6b	7A.6c	7A.6d	7A.6e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.7a	7A.7b	7A.7c	7A.7d	7A.7e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.8a	7A.8b	7A.8c	7A.8d	7A.8e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.9a	7A.9b	7A.9c	7A.9d	7A.9e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
7A.10a	7A.10b	7A.10c	7A.10d	7A.10e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

2

2

EPA FORM R				TRI Facility ID Number	
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)				07071-SKCRP-201PO	
				Toxic Chemical, Category or Generic Name	
				XYLENE (MIXED ISOMERS)	
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.					
Energy Recovery Methods (enter 3-character code(s))					
1	NA	2		3	4
SECTION 7C. ON-SITE RECYCLING PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.					
Recycling Methods (enter 3-character code(s))					
1.	NA	2.		3.	
4.		5.		6.	
7.		8.		9.	
10.					
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES					
		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D: Second Following Year (pounds/year)
8.1	Quantity released **	61252	62879	30000	20000
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	147815	163328	150000	125000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0001.17	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)			
8.10.1	W14	a. T01	b. T04	c. T06	
8.10.2	W42	a. T01	b. T04	c. T06	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

**EPA**United States
Environmental Protection
Agency**FORM R**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits):
Primary
a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b. NA b. NA b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

- 1.1** CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical.)
 000100414
- 1.2** Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 ETHYLBENZENE
- 1.3** Generic Chemical Name (Important: Complete if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

- 2.1** Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

- | | | |
|---|--|---|
| 3.1 Manufacture the toxic chemical: | 3.2 Process the toxic chemical: | 3.3 Otherwise use the toxic chemical: |
| a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import
If produce or import:
c. <input type="checkbox"/> For on-site use/processing
d. <input type="checkbox"/> For sale/distribution
e. <input type="checkbox"/> As a byproduct
f. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a reactant
b. <input checked="" type="checkbox"/> As a formulation component
c. <input type="checkbox"/> As an article component
d. <input type="checkbox"/> Repackaging | a. <input type="checkbox"/> As a chemical processing aid
b. <input type="checkbox"/> As a manufacturing aid
c. <input checked="" type="checkbox"/> Ancillary or other use |

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

- 4.1** 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	56	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	600	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. 1 (example: 1,2,3, etc.)

1

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071-SKCRP-201PO..	
						Toxic Chemical, Category or Generic Name ETHYLBENZENE	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)							
		NA	A. Total Release (pounds/year) (enter range code* or estimate)			B. Basis of Estimate (enter code)	
5.5	Disposal to land onsite						
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA				
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA				
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA				
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA				
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA				
SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS							
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)							
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate							
6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)				6.1.A.2 Basis of Estimate (enter code)			
NA							
6.1.B.1		POTW Name NA					
POTW Address							
City		State		County		Zip	
6.1.B.2		POTW Name NA					
POTW Address							
City		State		County		Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages In this box <input type="text" value="1"/> and indicate the Part II, Section 6.1 page number in this box <input type="text" value="1"/> (example: 1,2,3, etc.)							
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS							
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)				NJD002454544			
Off-Site Location Name		MARISOL INC.					
Off-Site Address		125 FACTORY LANE					
City	MIDDLESEX	State	NJ	County	MIDDLESEX	Zip	08846-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 28823	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

PAD085690592

Off-Site location Name

PHILIPS SERVICES

Off-Site Address

2869 SANDSTONE DRIVE

City

HATFIELD

State

NJ

County

BUCKS

Zip

19440-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 10436	1. O	1. M72
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA)

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

EPA FORM R		TRI Facility ID Number			
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		07071-SKCRP-201PO			
		Toxic Chemical, Category or Generic Name			
		ETHYLBENZENE			
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.					
Energy Recovery Methods [enter 3-character code(s)]					
1	NA	2		3	
SECTION 7C. ON-SITE RECYCLING PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.					
Recycling Methods [enter 3-character code(s)]					
1.	NA	2.		3.	
4.		5.		6.	
7.		8.		9.	
10.					
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES					
		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	10809	11092	7500	7500
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	37564	28823	25000	20000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0001.17	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W14	a. T01	b. T04	c. T06	
8.10.2	W42	a. T01	b. T04	c. T06	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b. NA b. NA b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
NAPHTHALENE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical cc 000091203
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) NAPHTHALENE
1.3	Generic Chemical Name (Important: Complete if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
-----	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input type="checkbox"/> Produce			a.	<input type="checkbox"/> As a chemical processing aid
b.	<input type="checkbox"/> Import			b.	<input type="checkbox"/> As a manufacturing aid
If produce or import:		a.	<input type="checkbox"/> As a reactant	c.	<input checked="" type="checkbox"/> Ancillary or other use
c.	<input type="checkbox"/> For on-site use/processing	b.	<input type="checkbox"/> As a formulation component		
d.	<input type="checkbox"/> For sale/distribution	c.	<input type="checkbox"/> As an article component		
e.	<input type="checkbox"/> As a byproduct	d.	<input type="checkbox"/> Repackaging		
f.	<input type="checkbox"/> As an impurity				

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03	(Enter two-digit code from instruction package.)
-----	----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	55	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	335	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. 1 (example: 1,2,3, etc.)

1

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number	
						07071-SKCRP-201PO	
						Toxic Chemical, Category or Generic Name	
						NAPHTHALENE	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)							
		NA	A. Total Release (pounds/year) (enter range code* or estimate)		B. Basis of Estimate (enter code)		
5.5	Disposal to land onsite						
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA				
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA				
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA				
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA				
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA				

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS							
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)							
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate							
6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)				6.1.A.2 Basis of Estimate (enter code)			
NA							
6.1.B.1		POTW Name		NA			
POTW Address							
City		State		County		Zip	
6.1.B.2		POTW Name					
POTW Address							
City		State		County		Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.)							
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS							
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)				NJD002454544			
Off-Site Location Name		MARISOL INC.					
Off-Site Address		125 FACTORY LANE					
City	MIDDLESEX	State	NJ	County	MIDDLESEX	Zip	08846-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 10036	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3		%	Yes
	6			No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3		%	Yes
	6			No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3		%	Yes
	6			No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3		%	Yes
	6			No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3		%	Yes
	6			No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)

1

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number	
		07071-SKCRP-201PO	
		Toxic Chemical, Category or Generic Name	
		NAPHTHALENE	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]
 1. NA 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES


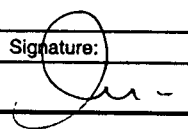
☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]
 1. NA 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	441	390	1000	1000
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	13600	10036	20000	20000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0001.17			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2	NA	a.	b.	c.	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

 EPA		<h1 style="margin:0;">FORM R</h1>		TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM	
United States Environmental Protection Agency		Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act			
WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY				Enter "X" here if this is a revision	
				For EPA use only	
Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
PART I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR 1999					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)	
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official: ANTHONY JURG VICE PRESIDENT				Signature:  Date Signed: 06/28/1999	
SECTION 4. FACILITY IDENTIFICATION					
4.1 Facility or Establishment Name SIKA CORPORATION Street 201 POLITO AVENUE City/County/State/Zip Code LYNDHURST BERGEN NJ 07071-		TRI Facility ID Number 07071-SKCRP-201PO Facility or Establishment Name or Mailing Address (if different from street address) Mailing Address City/County/State/Zip Code			
4.2 This report contains information for: (Important: check a or b; check c if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility					
4.3 Technical Contact Name DANIEL MARTIN		Telephone Number (include area code) (201) 933 - 8800			
4.4 Public Contact Name DANIEL MARTIN		Telephone Number (include area code) (201) 933 - 8800			
4.5 SIC Code (s) (4 digits) Primary a. 2891		b. NA		c. d. e. f.	
4.6 Latitude Degrees 040 Minutes 48 Seconds 20		Longitude Degrees 074 Minutes 06 Seconds 30			
4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893 b. NA		4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893 b. NA		4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011 b. NJ0101389	
				4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b.	
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of Parent Company NA <input type="checkbox"/> SIKA AG					
5.2 Parent Company's Dun & Bradstreet Number NA <input checked="" type="checkbox"/>					

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
1,2,4-TRIMETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical cc
000095636

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1,2,4-TRIMETHYLBENZENE

1.3 Generic Chemical Name (Important: Complete if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input type="checkbox"/> Produce	b.	<input type="checkbox"/> Import		
If produce or import:					
c.	<input type="checkbox"/> For on-site use/processing	a.	<input type="checkbox"/> As a reactant	a.	<input type="checkbox"/> As a chemical processing aid
d.	<input type="checkbox"/> For sale/distribution	b.	<input checked="" type="checkbox"/> As a formulation component	b.	<input type="checkbox"/> As a manufacturing aid
e.	<input type="checkbox"/> As a byproduct	c.	<input type="checkbox"/> As an article component	c.	<input type="checkbox"/> Ancillary or other use
f.	<input type="checkbox"/> As an impurity	d.	<input type="checkbox"/> Repackaging		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. 1 (example: 1,2,3, etc.)

1

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

1,2,4-TRIMETHYLBENZENE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4 Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year)
(enter range code* or estimate)

NA

6.1.A.2 Basis of Estimate
(enter code)

6.1.B.1

POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B.2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

In this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NJD002454544

Off-Site Location Name

MARISOL INC.

Off-Site Address

125 FACTORY LANE

City

MIDDLESEX

State

NJ

County

MIDDLESEX

Zip

08846-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 07071-SKCRP-201PO	
						Toxic Chemical, Category or Generic Name 1,2,4-TRIMETHYLBENZENE	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)									
A. Total Transfers (pounds/year) (enter range code* or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 1723			1. O			1. M56			
2.			2.			2.			
3.			3.			3.			
4.			4.			4.			

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)											
Off-Site location Name											
Off-Site Address											
City					State				County		
									Zip		
Is location under control of reporting facility or parent company?										<input type="checkbox"/> Yes <input type="checkbox"/> No	

A. Total Transfers (pounds/year) (enter range code* or estimate)			B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1.			1.			1.			
2.			2.			2.			
3.			3.			3.			
4.			4.			4.			

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY									
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.									

a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?		
7A.1a	7A.1b	1		2		7A.1c	7A.1d	7A.1e		
	3		4		5				Yes	No
	6		7		8				<input type="checkbox"/>	<input type="checkbox"/>
NA							%			
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e		
	3		4		5				Yes	No
	6		7		8				<input type="checkbox"/>	<input type="checkbox"/>
							%			
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e		
	3		4		5				Yes	No
	6		7		8				<input type="checkbox"/>	<input type="checkbox"/>
							%			
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e		
	3		4		5				Yes	No
	6		7		8				<input type="checkbox"/>	<input type="checkbox"/>
							%			
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e		
	3		4		5				Yes	No
	6		7		8				<input type="checkbox"/>	<input type="checkbox"/>
							%			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)									
---	--	--	--	--	--	--	--	--	--

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
 07071-SKCRP-201PO
 Toxic Chemical, Category or Generic Name
 1,2,4-TRIMETHYLBENZENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	5	0	5	5
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	2143	1723	3000	3000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0000.35			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2	NA	a.	b.	c.	
8.10.3	NA	a.	b.	c.	
8.10.4	NA	a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.



EPA
United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DANIEL MARTIN Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893.

a. NJD002179893

a. NJ0002011

a. NA

b. NA

b. NA

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
DIISOCYANATES

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical)
	N120
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	DIISOCYANATES
1.3	Generic Chemical Name (Important: Complete if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input type="checkbox"/> Produce	b.	<input type="checkbox"/> Import		
If produce or import:					
c.	<input type="checkbox"/> For on-site use/processing	a.	<input checked="" type="checkbox"/> As a reactant	a.	<input type="checkbox"/> As a chemical processing aid
d.	<input type="checkbox"/> For sale/distribution	b.	<input type="checkbox"/> As a formulation component	b.	<input type="checkbox"/> As a manufacturing aid
e.	<input type="checkbox"/> As a byproduct	c.	<input type="checkbox"/> As an article component	c.	<input type="checkbox"/> Ancillary or other use
f.	<input type="checkbox"/> As an impurity	d.	<input type="checkbox"/> Repackaging		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two-digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA	

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

1

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number	
						07071-SKCRP-201PO..	
						Toxic Chemical, Category or Generic Name	
						DIISOCYANATES	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)							
		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)			
5.5	Disposal to land onsite						
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA				
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA				
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA				
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA				
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA				

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS							
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)							
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate							
6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)				6.1.A.2 Basis of Estimate (enter code)			
NA							
6.1.B.1		POTW Name	NA				
POTW Address							
City		State		County		Zip	-
6.1.B.2		POTW Name					
POTW Address							
City		State		County		Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages In this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.)							
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS							
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)				PAD085690592			
Off-Site Location Name		PHILIPS SERVICES					
Off-Site Address		2869 SANDSTONE DRIVE					
City	HATFIELD	State	NJ	County	BUCKS	Zip	19440-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R						TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						07071-SKCRP-201PO		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)						Toxic Chemical, Category or Generic Name		
DIISOCYANATES								
A. Total Transfers (pounds/year) (enter range code* or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 5400		1. O		1. M72				
2.		2.		2.				
3.		3.		3.				
4.		4.		4.				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)								
Off-Site location Name								
Off-Site Address								
City		State		County		Zip		
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
A. Total Transfers (pounds/year) (enter range code* or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1.		1.		1.				
2.		2.		2.				
3.		3.		3.				
4.		4.		4.				
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY								
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]			c. Range of Influent Concentration		d. Waste Treatment Efficiency Estimate	
7A.1a		7A.1b			7A.1c		7A.1d	
NA		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			%		7A.1e Yes <input type="checkbox"/> No <input type="checkbox"/>	
7A.2a		7A.2b			7A.2c		7A.2d	
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			%		7A.2e Yes <input type="checkbox"/> No <input type="checkbox"/>	
7A.3a		7A.3b			7A.3c		7A.3d	
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			%		7A.3e Yes <input type="checkbox"/> No <input type="checkbox"/>	
7A.4a		7A.4b			7A.4c		7A.4d	
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			%		7A.4e Yes <input type="checkbox"/> No <input type="checkbox"/>	
7A.5a		7A.5b			7A.5c		7A.5d	
		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			%		7A.5e Yes <input type="checkbox"/> No <input type="checkbox"/>	
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : <input type="text"/> 1 (example: 1,2,3, etc)								

EPA FORM R		TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		07071-SKCRP-201PO		
		Toxic Chemical, Category or Generic Name		
		DIISOCYANATES		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)]				
1	NA	2		
3		4		
SECTION 7C. ON-SITE RECYCLING PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)]				
1.	NA	2.		
3.		4.		
5.		6.		
7.		8.		
9.		10.		
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES				
	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	222	251	250
8.2	Quantity used for energy recovery onsite	0	0	0
8.3	Quantity used for energy recovery offsite	0	0	0
8.4	Quantity recycled onsite	0	0	0
8.5	Quantity recycled offsite	0	0	0
8.6	Quantity treated onsite	0	0	0
8.7	Quantity treated offsite	10210	5400	10000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0
8.9	Production ratio or activity index			0001.30
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2	NA	a.	b.	c.
8.10.3	NA	a.	b.	c.
8.10.4	NA	a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

United States
Environmental Protection AgencyTOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?	2.2	Is this copy	<input type="checkbox"/> Sanitized	<input type="checkbox"/> Unsanitized
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		(Answer only if "YES" in 2.1)		

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/1999

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	07071-SKCRP-201PO
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)
SIKA CORPORATION		
Street		Mailing Address
201 POLITO AVENUE		
City/County/State/Zip Code		City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-		

4.2	This report contains information for: (Important: check c if applicable)		c. <input type="checkbox"/> A Federal facility
4.3	Technical Contact Name	DANIEL MARTIN	Telephone Number (include area code) (201) 933 - 8800
4.4	Intentionally left blank		
4.5	SIC Code (s) (4 digits)	Primary a. 2891	b. NA c. d. e. f.
4.6	Latitude	Degrees 040	Minutes 48
		Seconds 20	Longitude 074
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)
a. 002179893	a. NJD002179893	a. NJ0002011	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
b. NA	b. NA	b. NJ0101389	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

TRIFID: 07071-SKCRP-201PO

SECTION 1. TOXIC CHEMICAL IDENTITYReport 1 of 7

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000067561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) METHANOL
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
-----	---

SECTION 1. TOXIC CHEMICAL IDENTITYReport 2 of 7

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 026471625
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) TOLUENE DIISOCYANATE (MIXED ISOMERS)
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
-----	---

SECTION 1. TOXIC CHEMICAL IDENTITYReport 3 of 7

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000554132
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) LITHIUM CARBONATE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
-----	---

SECTION 1. TOXIC CHEMICAL IDENTITYReport 4 of 7

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000108316
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) MALEIC ANHYDRIDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
-----	---

EPA FORM A	
PART II. CHEMICAL IDENTIFICATION	
TRIFID: 07071-SKCRP-201PO	
Report 5 of 7	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000064186
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) FORMIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
Report 6 of 7	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000050000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) FORMALDEHYDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA
Report 7 of 7	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 007632000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) SODIUM NITRITE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) NA



Executive Offices
201 Polito Avenue
Lyndhurst, NJ 07071

June 30, 2000

Mr. Andrew Opperman
Department of Environmental Protection
EPCRA Section 313
Bureau of Chemical Release Information & Prevention
PO Box 405
Trenton, NJ 08625-0405

Re: Sika Corporation
201 Polito Avenue
Lyndhurst, NJ 07071
TRI Fac. ID#07071SKCRP201PO

Dear Mr. Opperman:

Attached please find one (1) microcomputer diskette containing 1999 toxic chemical release reporting information for:

Sika Corporation, Lyndhurst, New Jersey

This information is submitted as required under Section 313, Title III of the Superfund Amendments and Reauthorization Act of 1986 and the Pollution Prevention Act of 1990. The certification letter, signed by Mr. Anthony Jurg, Vice President, Sika Corporation, is also enclosed.

Should you have any questions regarding this submission, please feel free to contact the undersigned at (201) 933-8800, extension 4375.

Sincerely,

Daniel Martin
Environmental Engineer

attachments

cc. Anthony Jurg

ISO 9000

PO Box 297 • PHONE 201-933-8800 • FAX 201-804-1040



S00264

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116 - 3348
Attn: Toxic Chemical Release Inventory
Magnetic Media Submission

SIKA CORPORATION
201 POLITO AVENUE
LYNDHURST
NJ 07071
TRI Fac. ID: 07071SKCRP201PO
07/05/2000

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

SIKA CORPORATION

This information is submitted as required under Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 12 Chemical Report(s) for our facility.
These 12 chemical report(s) are described below:

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Type</u>
XYLENE (MIXED ISOMERS)	1999	001330207	5-page Form R
ETHYLBENZENE	1999	000100414	5-page Form R
NAPHTHALENE	1999	000091203	5-page Form R
1,2,4-TRIMETHYLBENZENE	1999	000095636	5-page Form R
METHANOL	1999	000067561	Two page Form A

* Continued on next page

Our technical point of contact is:

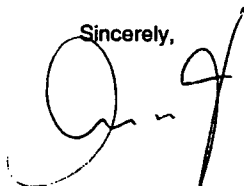
DANIEL MARTIN

Phone Number: (201) 933 - 8800

and is available should any questions or problems arise in your processing of these diskettes.

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Sincerely,



ANTHONY JURG
VICE PRESIDENT

NJDEP

Community RTK (1999)

S00266

COMMUNITY RIGHT TO KNOW SURVEY FOR 1999

For State and Federal Community Right to Know Reporting

THIS PAGE **MUST** BE COMPLETED, SIGNED, AND RETURNED.

Please type this form.

0294480000 2891

ATTN:
SIKA CORP.
201 POLITO AVENUE
LYNDHURST NJ 07071

(A) Facility Location - completion is mandatory

0294480000 0232

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

Name, Street, City, State and Zip **MUST** BE PROVIDED

See instructions if information on these forms is incorrect.

<p>(B) Does this facility Produce, Store, or Use Environmental Hazardous Substances on Table A:</p> <p>1. in any quantity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Darken either yes or no box</p> <p>2. above thresholds? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Darken either yes or no box</p>	<p>(D) Number of employees at facility <u>163</u></p> <p>(E) Number of facilities in New Jersey <u>1</u></p> <p>(F) Federal EIN <u>22-1594831</u></p>
<p>(C) Briefly describe the nature of the operations or business conducted at this facility: <u>MANUFACTURER OF CONSTRUCTION ADHESIVES, SEALANTS, EPOXIES AND CONSTRUCTION ADMIXTURES</u></p>	<p>(G) If you are claiming an R&D lab exemption for <u>this facility</u>, enter your approval number here. _____</p>
<p>(H) Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/></p>	
<p>(I) FACILITY EMERGENCY CONTACT</p> <p>Name <u>A. JURG</u> Title <u>VICE PRESIDENT</u></p> <p>Facility Phone Number (614) 387-9224 Emergency Contact Phone Number (201) 933-8800</p>	



NOTE: Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password _____

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature Dale W. Heinz Date 2/28/00 Fax # (201) 804-1040

Name DALE W. HEINZE Title ENVIRONMENTAL ENGINEER Phone # (201) 933-8800

RETURN **SIGNED** ORIGINAL TO:
NJDEP
Community Right To Know Survey
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

PART 2
1999 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>METHYL ETHYL KETONE</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>1258</u>		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>13</u>
CAS Number: <u>78-93-3</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>13</u>
DOT Number: <u>1193</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>FLAMMABLE STORAGE RM. (BLDG 3B)</u>		
Name: <u>METHYL ETHYL KETONE</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>CN</u>
Substance Number: <u>1258</u>		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>12</u>
CAS Number: <u>78-93-3</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>12</u>
DOT Number: <u>1193</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>FLAMMABLE STORAGE RM (BLDG 3b)</u>		
Name: <u>METHANOL</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>1222</u>		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>13</u>
CAS Number: <u>67-56-1</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>13</u>
DOT Number: <u>1230</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>FLAMMABLE STORAGE RM (BLDG. 3b)</u>		
Name: <u>METHANOL</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>CN</u>
Substance Number: <u>1222</u>		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>13</u>
CAS Number: <u>67-56-1</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>12</u>
DOT Number: <u>1230</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>FINISHED GOODS WAREHOUSE (BLDG. 3b)</u>		
Name: <u>METHANOL</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>1222</u>		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>10</u>
CAS Number: <u>67-56-1</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>10</u>
DOT Number: <u>1230</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>RN MATERIALS WAREHOUSE (BLDG. 1A)</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles of jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	BP Bottles of jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

PART 2
1999 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>FORMALDEHYDE</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>TANK FARM VT10, T-16, T-11</u>	

Name: <u>FORMALDEHYDE</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. Daily inventory <u>11</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. Daily inventory <u>11</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 5 3B, 3C</u>	

Name: <u>Formic Acid</u>	() Fire	Container Type <u>DP</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>64-18-6</u>	(X) Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1774</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDG. 1A+1B, BLDG. 2, 2ND F.</u>	

Name: <u>Formic Acid</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. Daily inventory <u>15</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1774</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>TANK FARM T-11</u>	

Name: <u>Formic Acid</u>	() Fire	Container Type <u>BP</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. Daily inventory <u>10</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. Daily inventory <u>10</u>
DOT Number: <u>1774</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

PART 2
1999 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>FORMIC ACID</u>	<input type="checkbox"/> Fire	Container Type <u>OT- PLASTIC PAIL</u>
Substance Number: <u>0948</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>11</u>
CAS Number: <u>64-18-6</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>11</u>
DOT Number: <u>1779</u>	<input type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>	
Name: <u>METHANOL</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>1222</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>67-56-1</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1230</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>TANK FARM VT-10</u>	
Name: <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>OT PLASTIC PAIL</u>
Substance Number: <u>0946</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>10</u>
CAS Number: <u>50-00-0</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>10</u>
DOT Number: <u>1198</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>	
Name: <u>TOLUENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>1866</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>12</u>
CAS Number: <u>108-88-3</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>1294</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FLAMMABLE STORAGE Rm. BLDG. 3b</u>	
Name: <u>TOLUENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>CN</u>
Substance Number: <u>1866</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>12</u>
CAS Number: <u>108-88-3</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>1294</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3b</u>	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	
DS Steel drum	BG Bottles of jugs (glass)	17 250,001 to 500,000 pounds	Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C)
DP Plastic drum	BP Bottles of jugs (plastic)	16 100,001 to 250,000 pounds	
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	
CN Can	TW Tank wagon	14 10,001 to 50,000 pounds	
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

PART 2
1999 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>TOLUENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>1866</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>10</u>
CAS Number: <u>108-88-3</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>10</u>
DOT Number: <u>1294</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A + 1B</u>	
Name: <u>PVC</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>17</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>16</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A, 1B, 3A</u>	
Name: <u>PVC</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>16</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3A, 3B</u>	
Name: <u>PVC</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>OT PLASTIC PAILS</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>15</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B + 3C</u>	
Name: <u>PVC</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3B + 3C</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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PART 2
1999 CHEMICAL INVENTORY REPORT

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>PROPANE</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>1594</u>	(X) Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (X) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		
Location(s) <u>ADJACENT TO BOILER ROOM BLDG 3A</u>		
Name: <u>PROPANE</u>	(X) Fire	Container Type <u>CY</u>
Substance Number: <u>1594</u>	(X) Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (X) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		
Location(s) <u>S.W. FACILITY YARD, REAR DOCK BLDG. 2</u>		
Name: <u>HEATING OIL</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>2444</u>	() Sudden release of pressure	Max. Daily inventory <u>15</u>
CAS Number: <u>-</u>	() Reactive	Avg. Daily inventory <u>15</u>
DOT Number: <u>1993</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		
Location(s) <u>TANK FARM VT-1 & VT-2</u>		
Name: <u>TOLUENE DIISOCYANATE</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>2078</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		
Location(s) <u>TDI STORAGE AREA- REAR OF BLDG. 2, 2ND FL.</u>		
Name: <u>TOLUENE DIISOCYANATE</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. Daily inventory <u>12</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>2078</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		
Location(s) <u>PREPOLYMER 1700 GALLON TK. Bldg 2, 2ND FL.</u>		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BA Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>TOLUENE DIISOCYANATE</u>	<input type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>3132</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>10</u>
CAS Number: <u>26471-62-5</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>10</u>
DOT Number: <u>2078</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FLAMMABLES STORAGE RM. BLDG. 36</u>	
Name: <u>SODIUM NITRITE</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>2258</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>7632-00-0</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1500</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 19 & 16</u>	
Name: <u>SODIUM NITRITE</u>	<input type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>2258</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>7632-00-0</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>1500</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>TANK FARM T-20</u>	
Name: <u>MALEIC ANHYDRIDE</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>1152</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>9003-54-7</u>	<input checked="" type="checkbox"/> Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>—</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19, 16, 2</u>	
Name: <u>ALUMINUM DUST</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>0054</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>12</u>
CAS Number: <u>7429-90-5</u>	<input checked="" type="checkbox"/> Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>1383</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>POWDERS MFG BLDG 3C, FINISHED GOODS BLDG. 3C</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ALUMINUM DUST</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>B7</u>
Substance Number: <u>0054</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>10</u>
CAS Number: <u>7429-90-5</u>	<input checked="" type="checkbox"/> Reactive	Avg. Daily inventory <u>09</u>
DOT Number: <u>1383</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		
Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3C</u>		
Name: <u>ISOPHORONE DIISOCYANATE</u>	<input type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>1068</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>4098-71-9</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>2290</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		
Location(s) <u>RAW MATERIALS BLDGS. 19 + 16, 2 BLDG.</u>		
Name: <u>ISOPHORONE DIISOCYANATE</u>	<input type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>1068</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>4098-71-9</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>2290</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		
Location(s) <u>PREPOLYMER STORAGE BLDG 2</u>		
Name: <u>DIISOCYANATES</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>3757</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>N120</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>-</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>03</u>
Trade Secret: <input type="checkbox"/> Check if claiming		
Location(s) <u>TANK FARM BEHIND BLDG. 2</u>		
Name: <u>DIISOCYANATES</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>N120</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>-</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		
Location(s) <u>RAW MATERIALS BLDGS 19 + 16</u>		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BA Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

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PART 2
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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>NAPHTHALENE</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>1322</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>91-20-3</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1334</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>WASTE STORAGE PAD</u>	
Name: <u>DIISOCYANATES</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>N120</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1334</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FLAMMABLES ROOM BLDG. 3b</u>	
Name: <u>NAPHTHALENE</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>1322</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>91-20-3</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1334</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>02</u>
Trade Secret: () Check if claiming	Location(s) <u>BLDG. 2 - REYNOLDS TANK - 1ST FLOOR</u>	
Name: <u>NAPHTHALENE</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>1322</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>91-20-3</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1334</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FLAMMABLES RM. BLDG. 3b, FINISHED GOODS WAREHOUSE BLDG. 3</u>	
Name: <u>XYLENE</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. Daily inventory <u>15</u>
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>TANK FARM VT-22 & VT-6</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	<u>Temperature</u>
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>XYLENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>WASTE PAD & FLAMMABLES STORAGE RM. BLDG 3b, FINISHED GOODS WAREHOUSE 3b</u>	
Name: <u>XYLENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>15</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3b & 3c</u>	
Name: <u>XYLENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>OT PLASTIC PAILS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDGS 3b & 3c</u>	
Name: <u>ETHYL BENZENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>TANK FARM T-22 & VT-6</u>	
Name: <u>ETHYL BENZENE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>WASTE PAD</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank TB Below ground tank TI Tank inside building DS Steel drum DP Plastic drum DF Fiber drum CN Can CB Carboy SI Silo BA Bag BX Box CY Cylinder BG Bottles of jugs (glass) BP Bottles of jugs (plastic) BN Tote bin TW Tank wagon RC Railcar OT Other (describe)	20 Greater than 10 million pounds 19 1,000,001 to 10 million pounds 18 500,001 to 1 million pounds 17 250,001 to 500,000 pounds 16 100,001 to 250,000 pounds 15 50,001 to 100,000 pounds 14 10,001 to 50,000 pounds 13 1,001 to 10,000 pounds 12 101 to 1,000 pounds 11 11 to 100 pounds 10 1 to 10 pounds 09 Less than 1 pound	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C)

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ETHYLBENZENE</u> Substance Number: <u>0851</u> CAS Number: <u>100-91-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BX</u> Max. Daily inventory <u>14</u> Avg. Daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 36+3C</u>		
Name: <u>ETHYLBENZENE</u> Substance Number: <u>0851</u> CAS Number: <u>100-91-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>OT PLASTIC</u> Max. Daily inventory <u>13</u> Avg. Daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 36+3C</u>		
Name: <u>Phenol</u> Substance Number: <u>1487</u> CAS Number: <u>108-95-2</u> DOT Number: <u>1671</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>OT PLASTIC</u> Max. Daily inventory <u>12</u> Avg. Daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 36</u>		
Name: <u>PHENOL</u> Substance Number: <u>1487</u> CAS Number: <u>108-95-2</u> DOT Number: <u>1671</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. Daily inventory <u>13</u> Avg. Daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 36</u>		
Name: <u>1,2,4 TRIMETHYLBENZENE</u> Substance Number: <u>2716</u> CAS Number: <u>95-63-6</u> DOT Number: <u>1263</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. Daily inventory <u>13</u> Avg. Daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>FLAMMABLE STORAGE ROOM BLDG 36, WASTE PAD WAREHOUSE BLDG 31</u>		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank TB Below ground tank TI Tank inside building DS Steel drum DP Plastic drum DF Fiber drum CN Can CB Carboy SI Silo BA Bag BX Box CY Cylinder BG Bottles of jugs (glass) BP Bottles of jugs (plastic) BN Tote bin TW Tank wagon RC Railcar OT Other (describe)	20 Greater than 10 million pounds 19 1,000,001 to 10 million pounds 18 500,001 to 1 million pounds 17 250,001 to 500,000 pounds 16 100,001 to 250,000 pounds 15 50,001 to 100,000 pounds 14 10,001 to 50,000 pounds 13 1,001 to 10,000 pounds 12 101 to 1,000 pounds 11 11 to 100 pounds 10 1 to 10 pounds 09 Less than 1 pound	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C)

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>1,2,4 TRIMETHYLBENZENE</u>	(X) Fire	Container Type <u>CN</u>	
Substance Number: <u>2716</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>	
CAS Number: <u>95-63-6</u>	() Reactive	Avg. Daily inventory <u>13</u>	
DOT Number: <u>1263</u>	(X) Acute health effects	Days on site <u>365</u>	
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>	
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>		
Name: <u>1,2,4 TRIMETHYLBENZENE</u>	(X) Fire	Container Type <u>BOX</u>	
Substance Number: <u>2716</u>	() Sudden release of pressure	Max. Daily inventory <u>12</u>	
CAS Number: <u>95-63-6</u>	() Reactive	Avg. Daily inventory <u>12</u>	
DOT Number: <u>1263</u>	(X) Acute health effects	Days on site <u>365</u>	
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>	
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG. 3B</u>		
Name: <u>TITANIUM DIOXIDE</u>	() Fire	Container Type <u>BA</u>	
Substance Number: <u>13463-67-7</u>	() Sudden release of pressure	Max. Daily inventory <u>16</u>	
CAS Number: <u>13463-67-7</u>	() Reactive	Avg. Daily inventory <u>15</u>	
DOT Number: <u>1263</u>	(X) Acute health effects	Days on site <u>365</u>	
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>	
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 10, 19, 3C</u>		
Name: <u>ALUMINUM SULPHATE</u>	() Fire	Container Type <u>BA</u>	
Substance Number: <u>10043-01-3</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>	
CAS Number: <u>10043-01-3</u>	() Reactive	Avg. Daily inventory <u>13</u>	
DOT Number: <u>1263</u>	(X) Acute health effects	Days on site <u>365</u>	
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>	
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19, 1C</u>		
Name: <u>DIETHANGLAMINE</u>	() Fire	Container Type <u>DS</u>	
Substance Number: <u>0686</u>	() Sudden release of pressure	Max. Daily inventory <u>12</u>	
CAS Number: <u>1469-32-5</u>	() Reactive	Avg. Daily inventory <u>12</u>	
DOT Number: <u>1955</u>	(X) Acute health effects	Days on site <u>365</u>	
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>	
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19, 1C</u>		
CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles of jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles of jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

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SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>EPOXY RESIN</u>		<input type="checkbox"/> Fire	Container Type	<u>TA</u>
Substance Number: _____		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>14</u>
CAS Number: <u>25086-38-1</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>14</u>
DOT Number: _____		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>OUTSIDE TANK BLDG. 2</u>		
Name: <u>UREA</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: _____		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>14</u>
CAS Number: <u>57-13-1</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>14</u>
DOT Number: _____		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 19, 16</u>		
Name: <u>VINYL PYRILLIDONE</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: _____		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>14</u>
CAS Number: <u>88-12-0</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>14</u>
DOT Number: <u>2810</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 19+16, BLDG 2 (2nd fl)</u>		
Name: <u>VINYL PYRILLIDONE</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>TA</u>
Substance Number: _____		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>11</u>
CAS Number: <u>88-12-0</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>10</u>
DOT Number: <u>2810</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>TANK FARM VT-10</u>		
Name: <u>CALCIUM HYDROXIDE</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: _____		<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory	<u>14</u>
CAS Number: <u>1305-62-0</u>		<input type="checkbox"/> Reactive	Avg. Daily inventory	<u>14</u>
DOT Number: _____		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>RAW MATERIALS BLDGS 19+16</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles of jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles of jugs (plastic)	16 100,001 to 250,000 pounds	<u>Temperature</u>
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION																																																									
Name: <u>CARBON BLACK</u>	() Fire	Container Type <u>BA</u>																																																									
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>																																																									
CAS Number: <u>1333-86-4</u>	() Reactive	Avg. Daily inventory <u>13</u>																																																									
DOT Number: _____	(X) Acute health effects	Days on site <u>365</u>																																																									
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>																																																									
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>																																																									
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19+16, BLDG 34 (2nd fl)</u>																																																										
Name: <u>CARBON BLACK</u>	() Fire	Container Type <u>OT- TOTE BAG</u>																																																									
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>																																																									
CAS Number: <u>1333-86-4</u>	() Reactive	Avg. Daily inventory <u>14</u>																																																									
DOT Number: _____	(X) Acute health effects	Days on site <u>365</u>																																																									
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>																																																									
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>																																																									
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19+16, BLDG 34 (1st fl)</u>																																																										
Name: <u>SODIUM ALUMINATE POWDER</u>	() Fire	Container Type <u>BA</u>																																																									
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>																																																									
CAS Number: <u>1302-42-7</u>	(X) Reactive	Avg. Daily inventory <u>14</u>																																																									
DOT Number: <u>2812</u>	(X) Acute health effects	Days on site <u>365</u>																																																									
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>																																																									
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>																																																									
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19, 16</u>																																																										
Name: <u>BENZYL ALCOHOL</u>	(X) Fire	Container Type <u>DS</u>																																																									
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>																																																									
CAS Number: <u>100-51-6</u>	() Reactive	Avg. Daily inventory <u>14</u>																																																									
DOT Number: _____	(X) Acute health effects	Days on site <u>365</u>																																																									
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>																																																									
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Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS. 19, 16</u>																																																										
Name: <u>ISOPHORONE DIAMINE</u>	() Fire	Container Type <u>DS</u>																																																									
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>																																																									
CAS Number: <u>2855-13-2</u>	() Reactive	Avg. Daily inventory <u>14</u>																																																									
DOT Number: <u>2289</u>	(X) Acute health effects	Days on site <u>365</u>																																																									
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>																																																									
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SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

PART 2
1999 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>SODIUM HYDROXIDE</u>	() Fire	Container Type <u>TI</u>
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>7732-18-5</u>	(X) Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u>1824</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>TANK INSIDE BLDG. 2</u>	
Name: <u>SODIUM HYDROXIDE</u>	() Fire	Container Type <u>DS</u>
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>12</u>
CAS Number: <u>7732-18-5</u>	(X) Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u>1824</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 16, 16</u>	
Name: <u>SULFANILIC ACID</u>	() Fire	Container Type <u>BA</u>
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>15</u>
CAS Number: <u>121-57-3</u>	() Reactive	Avg. Daily inventory <u>15</u>
DOT Number: _____	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 16, 16, Bldg. 2</u>	
Name: <u>P-TOLUENE SULFONYL ISOCYANATE</u>	() Fire	Container Type <u>DS</u>
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>4083-64-1</u>	(X) Reactive	Avg. Daily inventory <u>14</u>
DOT Number: _____	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE BLDGS 1A + 1B</u>	
Name: <u>CALCIUM OXIDE</u>	() Fire	Container Type <u>BA</u>
Substance Number: _____	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>305-78-8</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u>1910</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE Bldg. 16, 16</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

PART 2
1999 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (check all that apply)	INVENTORY INFORMATION
Name: <u>N-METHYL-2-PYRILLIDONE</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3716</u>	() Sudden release of pressure	Max. Daily inventory <u>13</u>
CAS Number: <u>872-50-4</u>	() Reactive	Avg. Daily inventory <u>12</u>
DOT Number: <u> </u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		

Location(s) RAW MATERIALS WAREHOUSE BLDGS. 19, 16

Name: <u>SILICON DIOXIDE</u>	() Fire	Container Type <u>TI</u>
Substance Number: <u> </u>	() Sudden release of pressure	Max. Daily inventory <u>16</u>
CAS Number: <u>14808-60-7</u>	() Reactive	Avg. Daily inventory <u>16</u>
DOT Number: <u> </u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		

Location(s) POWDERS PLANT BLDG. 3C

Name: <u>SILICON DIOXIDE</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u> </u>	() Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>14808-60-7</u>	() Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u> </u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		

Location(s) POWDERS PLANT BLDG. 3C

Name: <u>SODIUM ALUMINATE</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u> </u>	() Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>1320-42-7</u>	() Reactive	Avg. Daily inventory <u>14</u>
DOT Number: <u> </u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		

Location(s) RAW MATERIALS WAREHOUSE BLDGS 19, 16

Name: <u>LITHIUM CARBONATE</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>1124</u>	() Sudden release of pressure	Max. Daily inventory <u>14</u>
CAS Number: <u>554-13-2</u>	() Reactive	Avg. Daily inventory <u>13</u>
DOT Number: <u> </u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		

Location(s) POWDERS MFG. & FINISHED GOODS WAREHOUSE BLDG. 3C

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
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CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	
BOX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

PART 2 1999 CHEMICAL INVENTORY REPORT

SIKA CORP.
201 POLITO AVE
LYNDHURST NJ 07071

Reporting Period: January 1 - December 31, 1999

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>SAMPLES OF REPORTED SUBSTANCE</u>	<input type="checkbox"/> Fire	Container Type <u>OT-bag, CN</u>
Substance Number: <u>3628</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory _____
CAS Number: _____	<input type="checkbox"/> Reactive	Avg. Daily inventory _____
DOT Number: _____	<input type="checkbox"/> Acute health effects	Days on site _____
Pure <input type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure _____
Solid <input type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature _____
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Q.C. LABORATORY BLDG. 2 (3RD FLR.)</u>	
Name: <u>SAMPLES OF REPORTED SUBSTANCES</u>	<input type="checkbox"/> Fire	Container Type <u>OT-bag, CN</u>
Substance Number: <u>3628</u>	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory _____
CAS Number: _____	<input type="checkbox"/> Reactive	Avg. Daily inventory _____
DOT Number: _____	<input type="checkbox"/> Acute health effects	Days on site _____
Pure <input type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure _____
Solid <input type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature _____
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>R+D LABORATORY BLDG. 5</u>	
Name: _____	<input type="checkbox"/> Fire	Container Type _____
Substance Number: _____	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory _____
CAS Number: _____	<input type="checkbox"/> Reactive	Avg. Daily inventory _____
DOT Number: _____	<input type="checkbox"/> Acute health effects	Days on site _____
Pure <input type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure _____
Solid <input type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature _____
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) _____	
Name: _____	<input type="checkbox"/> Fire	Container Type _____
Substance Number: _____	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory _____
CAS Number: _____	<input type="checkbox"/> Reactive	Avg. Daily inventory _____
DOT Number: _____	<input type="checkbox"/> Acute health effects	Days on site _____
Pure <input type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure _____
Solid <input type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature _____
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) _____	
Name: _____	<input type="checkbox"/> Fire	Container Type _____
Substance Number: _____	<input type="checkbox"/> Sudden release of pressure	Max. Daily inventory _____
CAS Number: _____	<input type="checkbox"/> Reactive	Avg. Daily inventory _____
DOT Number: _____	<input type="checkbox"/> Acute health effects	Days on site _____
Pure <input type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure _____
Solid <input type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature _____
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) _____	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
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DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
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SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BA Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles of jugs (glass)		
BP Bottles of jugs (plastic)		
BN Tote bin		
TW Tank wagon		
RC Railcar		
OT Other (describe)		

¹NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions

USEPA

Form R (1998)

S00284

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116 - 3348
Attn: Toxic Chemical Release Inventory
Magnetic Media Submission

SIKA CORPORATION
201 POLITO AVENUE
LYNDHURST
NJ 07071
TRI Fac. ID: 07071SKCRP201PO
06/28/1999

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

SIKA CORPORATION

This information is submitted as required under section 313, Title III of the Superfund Amendments and Reauthorization Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 11 Chemical Report(s) for our facility.

These 11 chemical report(s) are described below:

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Type</u>
ETHYLBENZENE	1998	000100414	5-page Form R
FORMALDEHYDE	1998	000050000	Two page Form A
FORMIC ACID	1998	000064186	Two page Form A
MALEIC ANHYDRIDE	1998	000108316	Two page Form A
METHANOL	1998	000067561	Two page Form A

* Continued on next page

Our technical point of contact is:

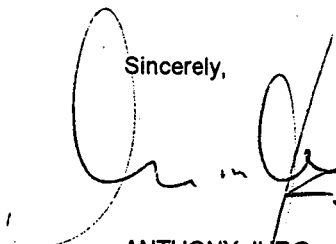
DALE W. HEINZE

Phone Number: (201) 933 - 8800

and is available should any questions or problems arise in your processing of these diskettes.

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Sincerely,



ANTHONY JURG
VICE PRESIDENT

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Status</u>
NAPHTHALENE	1998	000091203	5-page Form R
SODIUM NITRITE	1998	007632000	Two page Form
TOLUENE DIISOCYANATE (MIXE	1998	026471625	Two page Form
XYLENE (MIXED ISOMERS)	1998	001330207	5-page Form R
DIISOCYANATES	1998	N120	5-page Form R
1,2,4-TRIMETHYLBENZENE	1998	000095636	5-page Form R

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY

FORM A

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1998

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/29/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address
NA

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

4.2 This report contains information for: (Important: check c if applicable)
c. ☐ A Federal facility

4.3 Technical Contact Name DALE W. HEINZE
Telephone Number (include area code)
(201) 933 - 8800

4.4 Intentionally left blank

4.5 SIC Code (s) (4 digits) a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) 4.8 EPA identification Number (RCRA I.D. No.) (12 characters) 4.9 Facility NPDES Permit Number(s) (9 characters) 4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893 a. NJD002179893 a. NJ0002011 a. NA
b. NA b. NA b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

S00287

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

FID: 07071-SKCRP-201PO

SECTION 1. TOXIC CHEMICAL IDENTITY

Report 1 of 6

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000050000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	FORMALDEHYDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 1. TOXIC CHEMICAL IDENTITY

Report 2 of 6

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000064186
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	FORMIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 1. TOXIC CHEMICAL IDENTITY

Report 3 of 6

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000108316
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	MALEIC ANHYDRIDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 1. TOXIC CHEMICAL IDENTITY

Report 4 of 6

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000067561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	METHANOL
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

S00288

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

FID: 07071-SKCRP-201PO

SECTION 1. TOXIC CHEMICAL IDENTITY

Report 5 of 6

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	007632000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	SODIUM NITRITE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 1. TOXIC CHEMICAL IDENTITY

Report 6 of 6

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	026471625
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	TOLUENE DIISOCYANATE (MIXED ISOMERS)
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

S00289

(i) IMPORTANT: Type or print, read instructions before completing form)

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1998****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/29/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address
NA

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits) a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893

a. NJD002179893

a. NJ0002011

a. NA

b. NA

b. NA

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

S00290

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

DIISOCYANATES

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 N120

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 DIISOCYANATES

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

a. ☐ Produce b. ☐ Import

If produce or import:

- c. ☐ For on-site use/processing
 d. ☐ For sale/distribution
 e. ☐ As a byproduct
 f. ☐ As an impurity

3.2 Process the toxic chemical:

- a. ☒ As a reactant
 b. ☐ As a formulation component
 c. ☐ As an article component
 d. ☐ Repackaging

3.3 Otherwise use the toxic chemical:

- a. ☐ As a chemical processing aid
 b. ☐ As a manufacturing aid
 c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA		
5.2	Stack or point air emissions	NA <input type="checkbox"/>	222	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc)

1

S00291

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category, or Generic Name

DIISOCYANATES

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B. 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	

6.1.B. 2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	PAD085690592					
Off-Site Location Name		PHILIPS SERVICES					
Off-Site Address		2869 SANDSTONE DRIVE					
City	HATFIELD	State	PA	County	BUCKS	Zip	19440-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

S00292

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
DIISOCYANATES

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 10210	1. O	1. M40
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

S00293

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

DIISOCYANATES

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES



Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES



Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5. 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	0	222	250	250
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	0	0	0	0
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	10210	10000	10000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0001.46			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

(IMPORTANT: Type or print, read instructions before completing form)



United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 1998****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2;
Attach substantiation forms) ☒ No (Do not answer 2.2;
Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/29/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address
NA

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071

City/County/State/Zip Code

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits) a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893

a. NJD002179893

a. NJ0002011

a. NA

b. NA

b. NA

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

S00295



United States
Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1998

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: ANTHONY JURG VICE PRESIDENT

Signature: _____ Date Signed: 06/29/1999

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number		07071-SKCRP-201PO						
SIKA CORPORATION			Facility or Establishment Name or Mailing Address (if different from street address)								
Street			Mailing Address								
201 POLITO AVENUE			NA								
City/County/State/Zip Code			City/County/State/Zip Code								
LYNDHURST BERGEN NJ 07071-											
4.2	This report contains information for: (Important: check a or b; check c if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility										
4.3	Technical Contact Name		DALE W. HEINZE		Telephone Number (include area code) (201) 933 - 8800						
4.4	Public Contact Name		DALE W. HEINZE		Telephone Number (include area code) (201) 933 - 8800						
4.5	SIC Code (s) (4 digits)		a. 2891	b. NA	c.	d. e. f.					
4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees Minutes Seconds					
		040	48	20		074 06 30					
4.7	Dun & Bradstreet Number(s) (9 digits)		4.8	EPA identification Number (RCRA I.D. No.) (12 characters)		4.9	Facility NPDES Permit Number(s) (9 characters)		4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
a.	002179893		a.	NJD002179893		a.	NJ0002011		a.	NA	
b.	NA		b.	NA		b.	NJ0101389		b.		

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

S00296

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
1,2,4-TRIMETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
000095636

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1,2,4-TRIMETHYLBENZENE

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce	b. <input type="checkbox"/> Import				
If produce or import:					
c. <input type="checkbox"/> For on-site use/processing		a. <input type="checkbox"/> As a reactant		a. <input type="checkbox"/> As a chemical processing aid	
d. <input type="checkbox"/> For sale/distribution		b. <input type="checkbox"/> As a formulation component		b. <input type="checkbox"/> As a manufacturing aid	
e. <input type="checkbox"/> As a byproduct		c. <input checked="" type="checkbox"/> As an article component		c. <input type="checkbox"/> Ancillary or other use	
f. <input type="checkbox"/> As an impurity		d. <input type="checkbox"/> Repackaging			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>	NA		
5.2	Stack or point air emissions	NA <input type="checkbox"/>	5	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

(example: 1,2,3, etc)

S00297

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category, or Generic Name
1,2,4-TRIMETHYLBENZENE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

	NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4 Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B. 1	POTW Name	NA
POTW Address		
City	State	County
Zip		
-		

6.1.B. 2	POTW Name	
POTW Address		
City	State	County
Zip		

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)	NJD002454544
Off-Site Location Name	MARISOL INC.
Off-Site Address	125 FACTORY LANE
City	MIDDLESEX
State	NJ
County	MIDDLESEX
Zip	08846-
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

S00298

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
1,2,4-TRIMETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 2143	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

Yes

No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

S00299

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

1,2,4-TRIMETHYLBENZENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES



Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES



Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5. 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1 Quantity released **	NA	5	5	5
8.2 Quantity used for energy recovery onsite	NA	0	0	0
8.3 Quantity used for energy recovery offsite	NA	2143	3000	3000
8.4 Quantity recycled onsite	NA	0	0	0
8.5 Quantity recycled offsite	NA	0	0	0
8.6 Quantity treated onsite	NA	0	0	0
8.7 Quantity treated offsite	NA	0	0	0
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	NA			
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 07071-SKCRP-201PO
 Toxic Chemical, Category or Generic Name
 XYLENE (MIXED ISOMERS)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 001330207

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 XYLENE (MIXED ISOMERS)

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input type="checkbox"/> Produce	b.	<input type="checkbox"/> Import		
If produce or import:					
c.	<input type="checkbox"/> For on-site use/processing	a.	<input type="checkbox"/> As a reactant	a.	<input type="checkbox"/> As a chemical processing aid
d.	<input type="checkbox"/> For sale/distribution	b.	<input checked="" type="checkbox"/> As a formulation component	b.	<input type="checkbox"/> As a manufacturing aid
e.	<input type="checkbox"/> As a byproduct	c.	<input type="checkbox"/> As an article component	c.	<input checked="" type="checkbox"/> Ancillary or other use
f.	<input type="checkbox"/> As an impurity	d.	<input type="checkbox"/> Repackaging		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 05 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	238	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2530	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc)

1

S00301

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category, or Generic Name
XYLENE (MIXED ISOMERS)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

	NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4 Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
--	--

NA

6.1.B. 1

POTW Name

NA

POTW Address

City

State

County

Zip

-

6.1.B. 2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NJD002454544

Off-Site Location Name

MARISOL INC.

Off-Site Address

125 FACTORY LANE

City

MIDDLESEX

State

NJ

County

MIDDLESEX

Zip

08846-

Is location under control of reporting facility or parent company?

☐ Yes

☒ No

S00302

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
XYLENE (MIXED ISOMERS)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 147815	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.) PAD085690592

Off-Site location Name PHILIPS SERVICES

Off-Site Address 2869 SANDSTONE DRIVE

City HATFIELD State NJ County BUCKS Zip 19440-

Is location under control of reporting facility or parent company? ☐ Yes ☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 58484	1. O	1. M72
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		0 %	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)

1

S00303

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste

stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	24737	61252	40000	30000
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	211329	147815	125000	120000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0001.09	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W42	a. T01	b. T04	c. T06	
8.10.2	W14	a. T01	b. T04	c. T06	
8.10.3	NA	a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.



United States
Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1998

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/29/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address
NA

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits) a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893

a. NJD002179893

a. NJ0002011

a. NA

b. NA

b. NA

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

S00305

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
NAPHTHALENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000091203
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) NAPHTHALENE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive) NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	62	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	379	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc)

1

S00306

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 07071-SKCRP-201PO Toxic Chemical, Category, or Generic Name NAPHTHALENE
--	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate) NA	6.1.A.2 Basis of Estimate (enter code)						
6.1.B. 1 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">POTW Name</td> <td>NA</td> </tr> <tr> <td>POTW Address</td> <td></td> </tr> <tr> <td>City</td> <td>State County Zip</td> </tr> </table>		POTW Name	NA	POTW Address		City	State County Zip
POTW Name	NA						
POTW Address							
City	State County Zip						
6.1.B. 2 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">POTW Name</td> <td></td> </tr> <tr> <td>POTW Address</td> <td></td> </tr> <tr> <td>City</td> <td>State County Zip</td> </tr> </table>		POTW Name		POTW Address		City	State County Zip
POTW Name							
POTW Address							
City	State County Zip						

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	NJD002454544
Off-Site Location Name	MARISOL INC.
Off-Site Address	125 FACTORY LANE
City	MIDDLESEX State NJ County MIDDLESEX Zip 08846
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

S00307

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
NAPHTHALENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 13600	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		0 %	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

S00308

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071-SKCRP-201PO
	Toxic Chemical, Category or Generic Name
	NAPHTHALENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	0	441	1000	2000
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	16353	13600	20000	30000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0001.09	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 1998****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2;
Attach substantiation forms) ☒ No (Do not answer 2.2;
Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/1999

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071-SKCRP-201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address
NA

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/County/State/Zip Code

4.2 This report contains information for:
(Important: check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.4 Public Contact Name DALE W. HEINZE Telephone Number (include area code)
(201) 933 - 8800

4.5 SIC Code (s) (4 digits) a. 2891 b. NA c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
040 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893

a. NJD002179893

a. NJ0002011

a. NA

b. NA

b. NA

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

S00310

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 07071-SKCRP-201PO
 Toxic Chemical, Category or Generic Name
 ETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 000100414

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 ETHYLBENZENE

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a.	<input type="checkbox"/> Produce	b.	<input type="checkbox"/> Import		
If produce or import:					
c.	<input type="checkbox"/> For on-site use/processing	a.	<input type="checkbox"/> As a reactant	a.	<input type="checkbox"/> As a chemical processing aid
d.	<input type="checkbox"/> For sale/distribution	b.	<input checked="" type="checkbox"/> As a formulation component	b.	<input type="checkbox"/> As a manufacturing aid
e.	<input type="checkbox"/> As a byproduct	c.	<input type="checkbox"/> As an article component	c.	<input checked="" type="checkbox"/> Ancillary or other use
f.	<input type="checkbox"/> As an impurity	d.	<input type="checkbox"/> Repackaging		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	42	0
5.2	Stack or point air emissions	NA <input type="checkbox"/>	447	0
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA	
5.4.2	Underground injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA	

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc)

1

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number	
						07071-SKCRP-201PO	
						Toxic Chemical, Category, or Generic Name	
						ETHYLBENZENE	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)							
			A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)			
5.5	Disposal to land onsite	NA					
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA				
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA				
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA				
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA				
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA				

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS										
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)										
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate										
6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)					6.1.A.2 Basis of Estimate (enter code)					
NA										
6.1.B. 1		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">POTW Name</div> <div>NA</div> </div>								
POTW Address										
City				State		County			Zip	-
6.1.B. 2		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">POTW Name</div> <div></div> </div>								
POTW Address										
City				State		County			Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.)										
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS										
6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)						NJD002454544				
Off-Site Location Name		MARISOL INC.								
Off-Site Address		125 FACTORY LANE								
City	MIDDLESEX			State	NJ	County	MIDDLESEX		Zip	08846-
Is location under control of reporting facility or parent company?								<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07071-SKCRP-201PO
Toxic Chemical, Category or Generic Name
ETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 26525	1. O	1. M56
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.) PAD085690592

Off-Site location Name PHILIPS SERVICES

Off-Site Address 2869 SANDSTONE DRIVE

City HATFIELD State NJ County BUCKS Zip 19440-

Is location under control of reporting facility or parent company? ☐ Yes ☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 10320	1. O	1. M72
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		0 %	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)

1

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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071-SKCRP-201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES



Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES



Not Applicable (NA) - Check here if no on-site recycling is applied to any waste

stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	4365	10809	7500	7500
8.2	Quantity used for energy recovery onsite	0	0	0	0
8.3	Quantity used for energy recovery offsite	37564	26525	25000	20000
8.4	Quantity recycled onsite	0	0	0	0
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	0	0	0	0
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0001.09			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year ? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W14	a. T01	b. T04	c. T06	
8.10.2	W42	a. T01	b. T04	c. T06	
8.10.3	NA	a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

NJDEP

Community RTK (1998)

S00315

COMMUNITY RIGHT TO KNOW SURVEY FOR 1998

For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED.

(A) Facility Location - completion is mandatory

0 2 9 4 4 8 0 0 0 0 0

2 8 9 1

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

ATTN: CHARLES P. LUGNBILL
SIKA CORP.
201 POLITO AVENUE
LYNDHURST, NJ 07071SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071Name, Street, City, State and Zip MUST BE PROVIDED

See instructions if information on these forms is incorrect.

(B) Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A: 1. in any quantity? Darken either yes or no box 2. above thresholds? Darken either yes or no box Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(D) Number of employees at facility 150
	(E) Number of facilities in New Jersey 1
	(F) Federal EIN 22-1594831
(C) Briefly describe the nature of the operations or business conducted at this facility: manufacturer of construction adhesives, sealants, epoxies & construction admixtures	(G) If you are claiming an R&D lab exemption for this facility, enter your approval number here.
(H) Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>	
(I) FACILITY EMERGENCY CONTACT Name A. JURG Title VICE PRESIDENT Facility Phone Number (614) 387-9224 Emergency Contact Phone Number (201) 933-8800	

☒

NOTE: Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password DALE HEIN

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
Signature <u>Dale Heinze</u> Name <u>Dale Heinze</u>	Fax # (201) 804-1040 Date <u>2/25/99</u> Phone # (201) 933-8800 Title <u>environmental engineer</u>

RETURNED SIGNED ORIGINAL TO:
NJDEP
Community Right To Know Survey
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.

COMMUNITY RIGHT TO KNOW SURVEY FOR 1998

SIKA CORPORATION

201 POLITO AVE
LYNDHURST, NJ 07071

201 POLITO AVENUE, LYNDHURST

Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A:

1. In any quantity? Yes
2. Above thresholds? Yes

Briefly describe the nature of the operations or business conducted at this facility:

MANUFACTURER OF CONSTRUCTION ADHESIVES, SEALANTS, EPOXIES AND CONSTRUCTION ADMIXTURES

Number of employees at facility: 150

Number of facilities in New Jersey: 1

Federal EIN: 22-1594831

R&D lab exemption approval number:

Is this facility reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)? Yes

FACILITY EMERGENCY CONTACT

Name: A. JURG

Title: VICE PRESIDENT

Facility Phone #: (201) 933-8800

Emergency Phone #: (201) 933-8800

Has any of the above information changed since your last submittal? Yes

OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE

Name: DALE HEINZE

Title: ENVIRONMENTAL ENGR.

Phone #: (201) 933-8800

Fax #: (201) 804-1040

Reporting Year: 1998

Substance Name: Methyl ethyl ketone

CAS #: 78-93-3

DOT #: 1193

Substance #: 1258

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLE STORAGE RM. IN BLDG. 3B

Reporting Year: 1998

Substance Name: Methyl ethyl ketone

CAS #: 78-93-3

DOT #: 1193

Substance #: 1258

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

101 - 1,000

Maximum Average Inventory:

101 - 1,000

Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG.3

Reporting Year: 1998

Substance Name: Methanol

CAS #: 67-56-1

DOT #: 1230

Substance #: 1222

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLE STORAGE ROM. BLDG. 3B

Reporting Year: 1998

Substance Name: Methanol

CAS #: 67-56-1

DOT #: 1230

Substance #: 1222

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

101 - 1,000

Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG 3B

Reporting Year: 1998

Substance Name: Methanol

CAS #: 67-56-1

DOT #: 1230

Substance #: 1222

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM VT-10

Reporting Year: 1998

Substance Name: Formaldehyde *

CAS #: 50-00-0

DOT #: 1198

Substance #: 0946

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM VT-10, T-16, T-11

Reporting Year: 1998

Substance Name: Formaldehyde *

CAS #: 50-00-0

DOT #: 1198

Substance #: 0946

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1 - 10

Maximum Average Inventory:

1 - 10

Days Onsite: 365

Container: Other (Describe)

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG.S 3B, 3C

Reporting Year: 1998

Substance Name: Formic acid

CAS #: 64-18-6

DOT #: 1779

Substance #: 0948

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Plastic drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MAT. WAREHOUSE BLDG.S 1A, 1B; BLDG.2

Reporting Year: 1998

Substance Name: Formic acid

CAS #: 64-18-6

DOT #: 1779

Substance #: 0948

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM T-11

Reporting Year: 1998

Substance Name: Formic acid

CAS #: 64-18-6

DOT #: 1779

Substance #: 0948

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1 - 10

Maximum Average Inventory:

1 - 10

Days Onsite: 365

Container: Bottles or jugs (plastic)

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: Formic acid

CAS #: 64-18-6

DOT #: 1779

Substance #: 0948

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1 - 10

Maximum Average Inventory:

1 - 10

Days Onsite: 365

Container: Other (Describe)

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: Toluene

CAS #: 108-88-3

DOT #: 1294

Substance #: 1866

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

101 - 1,000

Maximum Average Inventory:

11 - 100

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLES STORAGE RM. BLDG. 3B

Reporting Year: 1998

Substance Name: Toluene

CAS #: 108-88-3

DOT #: 1294

Substance #: 1866

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

101 - 1,000

Maximum Average Inventory:

11 - 100

Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLES STORAGE RM. & WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: PVC (chloroethylene, polymer)

CAS #: 9002-86-2

DOT #:

Substance #: 3622

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

250,001 - 500,000

Maximum Average Inventory:

100,001 - 250,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATERIALS WAREHOUSE BLDGG.S 1A & 1B

Reporting Year: 1998

Substance Name: PVC (chloroethylene, polymer)

CAS #: 9002-86-2

DOT #:

Substance #: 3622

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

250,001 - 500,000

Maximum Average Inventory:

100,001 - 250,000

Days Onsite: 365

Container: Box

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDGS. 3B & 3C

Reporting Year: 1998

Substance Name: PVC (chloroethylene, polymer)

CAS #: 9002-86-2

DOT #:

Substance #: 3622

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

50,001 - 100,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B & 3C

Reporting Year: 1998

Substance Name: PVC (chloroethylene, polymer)

CAS #: 9002-86-2

DOT #:

Substance #: 3622

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG.S 3B & 3C

Reporting Year: 1998

Substance Name: Propane

CAS #: 74-98-6

DOT #: 1978

Substance #: 1594

Composition: Pure

State: Gas

Trade Secret: No

Hazards: Fire Hazard

Sudden Release of Pressure

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Above ground tank

Pressure: Greater than ambient

Temperature: Ambient temp.

Location: ADJACENT TO BOILER ROOM BLDG. 3B

Reporting Year: 1998

Substance Name: Propane

CAS #: 74-98-6

DOT #: 1978

Substance #: 1594

Composition: Pure

State: Gas

Trade Secret: No

Hazards: Fire Hazard

Sudden Release of Pressure

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Cylinder

Pressure: Greater than ambient

Temperature: Ambient temp.

Location: SW CORNER FACILITY YARD & REAR DOCK BLDG. 2

Reporting Year: 1998

Substance Name: HEATING FUEL OIL

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM VT-1 & VT-2

Reporting Year: 1998

Substance Name: Toluene-2,6-diisocyanate * +

CAS #: 91-08-7

DOT #: 2078

Substance #: 1868

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: TDI STORAGE AREA - BLDG.2 SECOND FLOOR

Reporting Year: 1998

Substance Name: Toluene-2,6-diisocyanate * +

CAS #: 91-08-7

DOT #: 2078

Substance #: 1868

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

101 - 1,000

Maximum Average Inventory:

101 - 1,000

Days Onsite: 365

Container: Above ground tank

Pressure: Greater than ambient

Temperature: Greater than ambient temp.

Location: PREPOLYMER 1700 GALLON TANK BLDG. 2 2ND FLR

Reporting Year: 1998

Substance Name: Toluene-2,6-diisocyanate * +

CAS #: 91-08-7

DOT #: 2078

Substance #: 1868

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1 - 10

Maximum Average Inventory:

1 - 10

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLES STORAGE RM. BLDG. 3B

Reporting Year: 1998

Substance Name: Sodium nitrite @

CAS #: 7632-00-0

DOT #: 1500

Substance #: 2258

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATERIALS WAREHOUSE BLDG. 1A & 1B

Reporting Year: 1998

Substance Name: SODIUM NITRITE

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
11 - 100Maximum Average Inventory:
11 - 100

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM T-20

Reporting Year: 1998

Substance Name: Maleic anhydride

CAS #: 108-31-6

DOT #: 2215

Substance #: 1152

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Reactive
Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
10,001 - 50,000Maximum Average Inventory:
10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATERIALS WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: Aluminum (fume or dust)

CAS #: 7429-90-5

DOT #:

Substance #: 0054

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Fire Hazard
Reactive
Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
101 - 1,000Maximum Average Inventory:
101 - 1,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLES STORAGE ROOM BLDG. 3B

Reporting Year: 1998

Substance Name: Aluminum (fume or dust)

CAS #: 7429-90-5

DOT #:

Substance #: 0054

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1 - 10

Maximum Average Inventory:

Less than 1

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3C

Reporting Year: 1998

Substance Name: Isophorone diisocyanate * +

CAS #: 4098-71-9

DOT #: 2290

Substance #: 1068

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATERIALS WAREHOUSE BLDG.S 1A & 1B; 2BLDG

Reporting Year: 1998

Substance Name: Isophorone diisocyanate * +

CAS #: 4098-71-9

DOT #: 2290

Substance #: 1068

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

101 - 1,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: PREPOLYMER STORAGE AREA BLDG.2

Reporting Year: 1998
Substance Name: Diisocyanates (this category
CAS #: N120 - - DOT #: Substance #: 3757
Composition: Pure State: Liquid Trade Secret: No
Hazards: Fire Hazard Maximum Daily Inventory:
Acute Health Hazard 50,001 - 100,000
Chronic Health Hazard Maximum Average Inventory:
10,001 - 50,000
Days Onsite: 365
Container: Above ground tank
Pressure: Ambient
Temperature: Greater than ambient temp.
Location: TANK FARM BEHIND BLDG. 2

Reporting Year: 1998
Substance Name: Diisocyanates (this category
CAS #: N120 - - DOT #: Substance #: 3757
Composition: Pure State: Solid Trade Secret: No
Hazards: Acute Health Hazard Maximum Daily Inventory:
Chronic Health Hazard 10,001 - 50,000
Maximum Average Inventory:
1,001 - 10,000
Days Onsite: 365
Container: Steel drum
Pressure: Ambient
Temperature: Ambient temp.
Location: RAW MATERIALS WAREHOUSE BLDGS 1A & 1B

Reporting Year: 1998
Substance Name: Naphthalene
CAS #: 91-20-3 DOT #: 1334 Substance #: 1322
Composition: Mixture State: Liquid Trade Secret: No
Hazards: Fire Hazard Maximum Daily Inventory:
Acute Health Hazard 1,001 - 10,000
Chronic Health Hazard Maximum Average Inventory:
1,001 - 10,000
Days Onsite: 365
Container: Steel drum
Pressure: Ambient
Temperature: Ambient temp.
Location: WASTE STORAGE PAD

Reporting Year: 1998

Substance Name: Diisocyanates (this category

CAS #: N120 - - DOT #:

Substance #: 3757

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
10,001 - 50,000
Maximum Average Inventory:
1,001 - 10,000
Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLES RM. BLDG. 3B; BLDG. 1A & 1B

Reporting Year: 1998

Substance Name: Naphthalene

CAS #: 91-20-3

DOT #: 1334

Substance #: 1322

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
101 - 1,000
Maximum Average Inventory:
101 - 1,000
Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: BLDG. 2 REYNOLDS TANK FIRST FLOOR

Reporting Year: 1998

Substance Name: Xylene (mixed isomers)

CAS #: 1330-20-7

DOT #: 1307

Substance #: 2014

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
50,001 - 100,000
Maximum Average Inventory:
10,001 - 50,000
Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM T-22 & VT-6

Reporting Year: 1998

Substance Name: Xylene (mixed isomers)

CAS #: 1330-20-7

DOT #: 1307

Substance #: 2014

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: WASTE PAD & FLAMMABLES STORAGE RM BLDG 3B

Reporting Year: 1998

Substance Name: Xylene (mixed isomers)

CAS #: 1330-20-7

DOT #: 1307

Substance #: 2014

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

100,001 - 250,000

Maximum Average Inventory:

50,001 - 100,000

Days Onsite: 365

Container: Box

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDGS. 3B & 3C

Reporting Year: 1998

Substance Name: Xylene (mixed isomers)

CAS #: 1330-20-7

DOT #: 1307

Substance #: 2014

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

50,001 - 100,000

Maximum Average Inventory:

50,001 - 100,000

Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B & 3C

Reporting Year: 1998

Substance Name: Xylene (mixed isomers)

CAS #: 1330-20-7

DOT #: 1307

Substance #: 2014

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B & 3C

Reporting Year: 1998

Substance Name: Ethylbenzene

CAS #: 100-41-4

DOT #: 1175

Substance #: 0851

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM T-22 & VT-6

Reporting Year: 1998

Substance Name: Ethylbenzene

CAS #: 100-41-4

DOT #: 1175

Substance #: 0851

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: WASTE PAD & FLAMMABLES STOR. RM. BLDG. 3B

Reporting Year: 1998

Substance Name: Ethylbenzene

CAS #: 100-41-4

DOT #: 1175

Substance #: 0851

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health Hazard

Maximum Daily Inventory:
10,001 - 50,000
Maximum Average Inventory:
10,001 - 50,000
Days Onsite: 365

Container: Box

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDGS. 3B & 3C

Reporting Year: 1998

Substance Name: Ethylbenzene

CAS #: 100-41-4

DOT #: 1175

Substance #: 0851

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health Hazard

Maximum Daily Inventory:
1,001 - 10,000
Maximum Average Inventory:
1,001 - 10,000
Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDGS. 3B & 3C

Reporting Year: 1998

Substance Name: Ethylbenzene

CAS #: 100-41-4

DOT #: 1175

Substance #: 0851

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health Hazard

Maximum Daily Inventory:
1,001 - 10,000
Maximum Average Inventory:
1,001 - 10,000
Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: Phenol *

CAS #: 108-95-2

DOT #: 1671

Substance #: 1487

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
101 - 1,000Maximum Average Inventory:
101 - 1,000

Days Onsite: 365

Container: Other (Describe)

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: Phenol *

CAS #: 108-95-2

DOT #: 1671

Substance #: 1487

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard
Chronic Health HazardMaximum Daily Inventory:
101 - 1,000Maximum Average Inventory:
101 - 1,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: 1,2,4-Trimethylbenzene

CAS #: 95-63-6

DOT #: 1263

Substance #: 2716

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard
Acute Health HazardMaximum Daily Inventory:
10,001 - 50,000Maximum Average Inventory:
1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: FLAMMABLES STORE RM. & FIN. GOODS IN BLDG. 3B

Reporting Year: 1998

Substance Name: 1,2,4-Trimethylbenzene

CAS #: 95-63-6

DOT #: 1263

Substance #: 2716

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Maximum Daily Inventory:

11 - 100

Maximum Average Inventory:

11 - 100

Days Onsite: 365

Container: Can

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: 1,2,4-Trimethylbenzene

CAS #: 95-63-6

DOT #: 1263

Substance #: 2716

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Acute Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Other (Describe)

Pressure: Ambient

Temperature: Ambient temp.

Location: FINISHED GOODS WAREHOUSE BLDG. 3B

Reporting Year: 1998

Substance Name: TITANIUM DIOXIDE

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

100,001 - 250,000

Maximum Average Inventory:

50,001 - 100,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS. WAREHOUSE BLDGS. 1A, 1B; BLDG. 3C

Reporting Year: 1998

Substance Name: ALUMINUM SULFATE

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS. WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: Diethanolamine

CAS #: 111-42-2

DOT #:

Substance #: 0686

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

101 - 1,000

Maximum Average Inventory:

101 - 1,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS. WAREHOUSE BLDG.S 1A, 1B

Reporting Year: 1998

Substance Name: EPOXY RESIN

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: OUTSIDE BLDG. 2

Reporting Year: 1998

Substance Name: UREA

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS. WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: VINYL PYRRILIDONE

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health Hazard

Maximum Daily Inventory:

50,001 - 100,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLDG. 1A & 1B, BLDG. 2

Reporting Year: 1998

Substance Name: VINYL PYRRILIDONE

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard
Chronic Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

101 - 1,000

Days Onsite: 365

Container: Above ground tank

Pressure: Ambient

Temperature: Ambient temp.

Location: TANK FARM

Reporting Year: 1998

Substance Name: CALCIUM HYDROXIDE

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: CARBON BLACK

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

100,001 - 250,000

Maximum Average Inventory:

50,001 - 100,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLSGS. 1A & 1B; BLDG 3A

Reporting Year: 1998

Substance Name: SODIUM ALUMINATE POWDER

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Reactive

Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLSGS. 1A & 1B

Reporting Year: 1998

Substance Name: BENZYL ALCOHOL

CAS #: DOT #: Substance #:

Composition: Pure State: Liquid Trade Secret: No

Hazards: Fire Hazard
Acute Health Hazard

Maximum Daily Inventory:
10,001 - 50,000
Maximum Average Inventory:
10,001 - 50,000
Days Onsite: 365

Container: Steel drum
Pressure: Ambient
Temperature: Ambient temp.
Location: RAW MATLS WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: ISOPHORONE DIAMINE

CAS #: DOT #: Substance #:

Composition: Pure State: Liquid Trade Secret: No

Hazards: Reactive
Acute Health Hazard

Maximum Daily Inventory:
10,001 - 50,000
Maximum Average Inventory:
1,001 - 10,000
Days Onsite: 365

Container: Steel drum
Pressure: Ambient
Temperature: Ambient temp.
Location: RAW MATLS WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: SODIUM HYDROXIDE

CAS #: DOT #: Substance #:

Composition: Mixture State: Liquid Trade Secret: No

Hazards: Reactive
Acute Health Hazard

Maximum Daily Inventory:
10,001 - 50,000
Maximum Average Inventory:
10,001 - 50,000
Days Onsite: 365

Container: Tank inside building
Pressure: Ambient
Temperature: Ambient temp.
Location: TANK INSIDE BLDG 2

Reporting Year: 1998

Substance Name: SODIUM HYDROXIDE

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Reactive

Acute Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLDGS 1A & 1B

Reporting Year: 1998

Substance Name: SULFANILIC ACID

CAS #:

DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

50,001 - 100,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLSGS 1A & 1B BLDG 2

Reporting Year: 1998

Substance Name: P-TOLUENESULFONYL ISOCYANATE

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Liquid

Trade Secret: No

Hazards: Fire Hazard

Reactive

Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: CALCIUM OXIDE

CAS #: DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLDG.S 1A & 1B

Reporting Year: 1998

Substance Name: N-Methyl-2-pyrrolidone @

CAS #: 872-50-4 DOT #:

Substance #: 3716

Composition: Pure

State: Liquid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

1,001 - 10,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Steel drum

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLDGS. 1A & 1B

Reporting Year: 1998

Substance Name: SILICON DIOXIDE

CAS #: DOT #:

Substance #:

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

1,001 - 10,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: POWDERS PLANT BLDG. 3C

Reporting Year: 1998

Substance Name: SILICON DIOXIDE

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Chronic Health Hazard

Maximum Daily Inventory:

500,001 - 1 Million

Maximum Average Inventory:

250,001 - 500,000

Days Onsite: 365

Container: Tank inside building

Pressure: Ambient

Temperature: Ambient temp.

Location: POWDERS PLANT BLDG. 3C

Reporting Year: 1998

Substance Name: SODIUM ALUMINATE

CAS #:

DOT #:

Substance #:

Composition: Mixture

State: Solid

Trade Secret: No

Hazards: Acute Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: RAW MATLS WAREHOUSE BLDG. 1A & 1C

Reporting Year: 1998

Substance Name: Lithium carbonate @

CAS #:

554-13-2

DOT #:

Substance #: 1124

Composition: Pure

State: Solid

Trade Secret: No

Hazards: Chronic Health Hazard

Maximum Daily Inventory:

10,001 - 50,000

Maximum Average Inventory:

10,001 - 50,000

Days Onsite: 365

Container: Bag

Pressure: Ambient

Temperature: Ambient temp.

Location: POWDERS PLANT & FINISHED GOODS BLDG. 3C

Reporting Year: 1998

Substance Name: SAMPLES OF REPORTED SUBSTANCES

CAS #: DOT #: Substance #:

Composition: Mixture State: Liquid Trade Secret: No

Hazards: Fire Hazard

Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

11 - 100

Maximum Average Inventory:

11 - 100

Days Onsite: 356

Container: Other (Describe)

Pressure: Ambient

Temperature: Ambient temp.

Location: QC LABORATORY BLDG 2 3RD FLOOR

Reporting Year: 1998

Substance Name: SAMPLES OF REPORTED SUBSTANCES

CAS #: DOT #: Substance #:

Composition: Mixture State: Liquid Trade Secret: No

Hazards: Fire Hazard

Reactive

Acute Health Hazard

Chronic Health Hazard

Maximum Daily Inventory:

11 - 100

Maximum Average Inventory:

11 - 100

Days Onsite: 365

Container: Other (Describe)

Pressure: Ambient

Temperature: Ambient temp.

Location: R&D BLDG #5

USEPA

Form R (1997)

S00343

(IMPORTANT: Type or print; read instructions before completing form)

Approval Expires: 04/2000

EPA United States Environmental Protection Agency	FORM R	TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM
Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act		

WHERE TO SEND COMPLETED FORMS:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision For EPA use only
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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

Are you claiming the toxic chemical identified on page 2 trade secret?		Is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	
2.1 <input type="checkbox"/> Yes (Answer question 2.2 Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2 Go to Section 3)	2.2	(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: ANTHONY JURG, VICE PRESIDENT	Signature:	Date Signed: 06/26/98
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SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 07071SKCRP201PO

Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1 SIKA CORPORATION	
Street: 201 POLITO AVENUE	Mailing Address: NA
City/County/State/Zip Code: LYNDHURST BERGEN, NJ 07071-	City/County/State/Zip Code:

4.2 This report contains information for: (Important: check a or b; c if applicable)	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> Federal Facility
---	---	--	--

4.3 Technical Contact	Name: DALE W. HEINZE	Telephone Number: (201) 933-8800
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4.4 Public Contact	Name: DALE W. HEINZE	Telephone Number: (201) 933-8800
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4.5 SIC Code(s) (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
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4.6 Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
	040	48	20		074	06	30

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 002179893	a. NJD002179893	a. NJ0002011	a. NA
b. NA	b. NA	b. NJ0101389	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company	<input type="checkbox"/> NA	SIKA AG
5.2 Parent Company's Dun & Bradstreet Number	<input checked="" type="checkbox"/> NA	(9 Digits) NA

EPA Form 9350-1 (Rev. 04/97) Previous editions are obsolete.

S00344

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION	TRI FACILITY ID NUMBER 07071SKCRP201PO Chem., Cat., or Gen. Name NAPHTHALENE
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SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1	CAS Number 000091-20-3	(Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) NAPHTHALENE	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.) NA	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.) NA
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SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03 (Enter two-digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA [X] NA		
5.2 Stack or point air emissions	NA [X] NA		
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1 NA			
5.3.2			
5.3.3			
5.4.1 Underground injections on-site to Class I Wells:	NA [X] NA		
5.4.2 Underground injections on-site to Class II-V Wells:	NA [X] NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA		EPA FORM R		TRI FACILITY ID NUMBER	
United States		PART II. CHEMICAL-SPECIFIC		07071SKCRP201PO	
Environmental		INFORMATION (CONTINUED)		Chem., Cat., or Gen. Name	
Protection				NAPHTHALENE	
Agency					

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

	NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land on-site			
5.5.1A RCRA Subtitle C landfills	[X]	NA	
5.5.1B Other landfills	[X]	NA	
5.5.2 Land treatment/application farming	[X]	NA	
5.5.3 Surface impoundment	[X]	NA	
5.5.4 Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City: State: County: Zip:

6.1.B.2 POTW Name:

POTW Address:

City: State: County: Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)

NJD002245454

Off-Site Location Name MARISOL INC.

Off-Site Address 125 FACTORY LANE

City: MIDDLESEX State: NJ County: MIDDLESEX Zip: 08846-

Is location under control of reporting facility or parent company? [] YES [X] NO

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 07071SKCRP201P0 Chem., Cat., or Gen. Name NAPHTHALENE
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SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 16353	1. 0	1. M56
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City: State: County: Zip:

Is location under control of reporting facility or parent company? ☐ YES ☐ NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1 2			Yes No
	3 4			[] []
	6 7			[] []
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2			Yes No
	3 4			[] []
	6 7			[] []
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2			Yes No
	3 4			[] []
	6 7			[] []
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2			Yes No
	3 4			[] []
	6 7			[] []
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2			Yes No
	3 4			[] []
	6 7			[] []

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA	EPA FORM R				TRI FACILITY ID NUMBER
United States	PART II. CHEMICAL-SPECIFIC				07071SKCRP201PO
Environmental	INFORMATION (CONTINUED)				Chem., Cat., or Gen. Name
Protection					NAPHTHALENE
Agency					

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]: 1 | NA | 2 | 3 | 4 | 5 |

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]: 1 | NA | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1 Quantity released *	100	0	1000	2000
8.2 Quantity used for energy recovery on-site	0	0	0	0
8.3 Quantity used for energy recovery off-site	10700	16353	20000	30000
8.4 Quantity recycled on-site	0	0	0	0
8.5 Quantity recycled off-site	0	0	0	0
8.6 Quantity treated on-site	0	0	0	0
8.7 Quantity treated off-site	0	0	0	0
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9 Production Ratio or Activity Index				0001.04
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1 NA	a.	b.	c.	
8.10.2	a.	b.	c.	
8.10.3	a.	b.	c.	
8.10.4	a.	b.	c.	
8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES NO [] [X]

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

(IMPORTANT: Type or print; read instructions before completing form)

EPA United States Environmental Protection Agency	FORM R Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act	TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM
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WHERE TO SEND COMPLETED FORMS:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision For EPA use only
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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

Are you claiming the toxic chemical identified on page 2 trade secret?		Is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	
2.1 <input type="checkbox"/> Yes (Answer question 2.2 Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2 Go to Section 3)	2.2	(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: ANTHONY JURG, VICE PRESIDENT	Signature:	Date Signed: 06/26/98
---	------------	--------------------------

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 07071SKCRP201PO

4.1 Facility or Establishment Name SIKA CORPORATION	Facility or Establishment Name or Mailing Address
Street: 201 POLITO AVENUE	Mailing Address: NA
City/County/State/Zip Code: LYNDHURST BERGEN, NJ 07071-	City/County/State/Zip Code:

4.2 This report contains information for: (Important: check a or b; c if applicable)	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> Federal Facility
---	---	--	--

4.3 Technical Contact	Name: DALE W. HEINZE	Telephone Number: (201) 933-8800
-----------------------	----------------------	----------------------------------

4.4 Public Contact	Name: DALE W. HEINZE	Telephone Number: (201) 933-8800
--------------------	----------------------	----------------------------------

4.5 SIC Code(s) (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
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4.6 Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
	040	48	20		074	06	30

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 002179893	a. NJD002179893	a. NJ0002011	a. NA
b. NA	b. NA	b. NJ0101389	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company	<input type="checkbox"/> NA	SIKA AG
5.2 Parent Company's Dun & Bradstreet Number	<input checked="" type="checkbox"/> NA	(9 Digits) NA

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION	TRI FACILITY ID NUMBER 07071SKCRP201PO Chem., Cat., or Gen. Name ETHYLBENZENE
---	---	--

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list.
Enter category code if reporting a chemical category.)
000100-41-4

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
ETHYLBENZENE

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes".
Generic name must be structurally descriptive.)
NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)
NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	b. <input type="checkbox"/> Import a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA [] 26	0	
5.2 Stack or point air emissions	NA [] 283	0	
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1 NA			
5.3.2			
5.3.3			
5.4.1 Underground injections on-site to Class I Wells:	NA [X] NA		
5.4.2 Underground injections on-site to Class II-V Wells:	NA [X] NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States	PART II. CHEMICAL-SPECIFIC	07071SKCRP201PO
Environmental	INFORMATION (CONTINUED)	Chem., Cat., or Gen. Name
Protection		ETHYLBENZENE
Agency		

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

	NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land on-site			
5.5.1A RCRA Subtitle C landfills	[X]	NA	
5.5.1B Other landfills	[X]	NA	
5.5.2 Land treatment/application farming	[X]	NA	
5.5.3 Surface impoundment	[X]	NA	
5.5.4 Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:
-------	--------	---------	------

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:
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If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
 NJD002454544

Off-Site Location Name MARISOL INC.

Off-Site Address 125 FACTORY LANE

City: MIDDLESEX	State: NJ	County: MIDDLESEX	Zip: 08846-
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Is location under control of reporting facility or parent company? [] YES [X] NO

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 07071SKCRP201PO Chem., Cat., or Gen. Name ETHYLBENZENE
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SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 37564	1. O	1. M56
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): PAD085690592

Off-Site Location Name PHILIPS SERVICES

Off-Site Address 2869 SANDSTONE DRIVE

City: HATFIELD State: PA County: BUCKS Zip: 19440-

Is location under control of reporting facility or parent company? ☐ YES ☒ NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 4056	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1 2 3 4 5 6 7 8			Yes No [] []
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8			Yes No [] []
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8			Yes No [] []
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8			Yes No [] []
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8			Yes No [] []

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA		EPA FORM R		TRI FACILITY ID NUMBER	
United States		PART II. CHEMICAL-SPECIFIC		07071SKCRP201PO	
Environmental		INFORMATION (CONTINUED)		Chem., Cat., or Gen. Name	
Protection				ETHYLBENZENE	
Agency					

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]: 1 | NA | 2 | 3 | 4 |

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]: 1 | NA | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1 Quantity released *	2000	4365	2000	2000
8.2 Quantity used for energy recovery on-site	0	0	0	0
8.3 Quantity used for energy recovery off-site	75000	37564	40000	40000
8.4 Quantity recycled on-site	0	0	0	0
8.5 Quantity recycled off-site	0	0	0	0
8.6 Quantity treated on-site	0	0	0	0
8.7 Quantity treated off-site	0	0	0	0
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9 Production Ratio or Activity Index				0001.81
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1 W14	a. T01	b. T04	c. T06	
8.10.2 W42	a. T01	b. T04	c. T06	
8.10.3 NA	a.	b.	c.	
8.10.4	a.	b.	c.	
8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES []	NO [X]

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

(IMPORTANT: Type or print; read instructions before completing form)

Approval Expires: 04/2000

Page 1 of 5

EPA United States Environmental Protection Agency		FORM R		TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM	
Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act					
WHERE TO SEND COMPLETED FORMS:		1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
				Enter "X" here if this is a revision For EPA use only	
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
PART I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR 1997					
SECTION 2. TRADE SECRET INFORMATION					
Are you claiming the toxic chemical identified on page 2 trade secret? Is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized					
2.1 <input type="checkbox"/> Yes (Answer question 2.2 Attach substantiation forms)		<input checked="" type="checkbox"/> No (Do not answer 2.2 Go to Section 3)		2.2 (Answer only if "YES" in 2.1)	
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official: ANTHONY JURG, VICE PRESIDENT			Signature:		Date Signed: 06/26/98
SECTION 4. FACILITY IDENTIFICATION					
TRI Facility ID Number: 07071SKCRP201PO					
4.1 Facility or Establishment Name SIKA CORPORATION			Facility or Establishment Name or Mailing Address		
Street: 201 POLITO AVENUE			Mailing Address: NA		
City/County/State/Zip Code: LYNDHURST BERGEN, NJ 07071-			City/County/State/Zip Code:		
4.2 This report contains information for: (Important: check a or b; c if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> Federal Facility					
4.3 Technical Contact Name: DALE W. HEINZE			Telephone Number: (201) 933-8800		
4.4 Public Contact Name: DALE W. HEINZE			Telephone Number: (201) 933-8800		
4.5 SIC Code(s) (4-digit) a. 2891 b. NA c. d. e. f.					
4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds 040 48 20 074 06 30					
4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893 b. NA		4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters) a. NJD002179893 b. NA		4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011 b. NJ0101389	
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b.					
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of Parent Company <input type="checkbox"/> NA <input checked="" type="checkbox"/> SIKA AG					
5.2 Parent Company's Dun & Bradstreet Number <input checked="" type="checkbox"/> NA (9 Digits) NA					

EPA Form 9350-1 (Rev. 04/97) Previous editions are obsolete.

S00354

EPA		EPA FORM R		TRI FACILITY ID NUMBER	
United States Environmental Protection Agency		PART II. CHEMICAL-SPECIFIC INFORMATION		07071SKCRP201PO	
				Chem., Cat., or Gen. Name	
				XYLENE (MIXED ISOMERS)	

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list.
Enter category code if reporting a chemical category.)
001330-20-7

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
XYLENE (MIXED ISOMERS)

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes".
Generic name must be structurally descriptive.)
NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)
NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 05 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA [] 152	0	
5.2 Stack or point air emissions	NA [] 1604	0	
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1 NA			
5.3.2			
5.3.3			
5.4.1 Underground injections on-site to Class I Wells:	NA [X] NA		
5.4.2 Underground injections on-site to Class II-V Wells:	NA [X] NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA		EPA FORM R		TRI FACILITY ID NUMBER	
United States Environmental Protection Agency		PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		07071SKCRP201PO	
				Chem., Cat., or Gen. Name	
				XYLENE (MIXED ISOMERS)	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM			
	NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land on-site			
5.5.1A RCRA Subtitle C landfills	[X]	NA	
5.5.1B Other landfills	[X]	NA	
5.5.2 Land treatment/ application farming	[X]	NA	
5.5.3 Surface impoundment	[X]	NA	
5.5.4 Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS			
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)			
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate			
6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)		
NA			
6.1.B.1 POTW Name:			
POTW Address:			
City:	State:	County:	Zip:
6.1.B.2 POTW Name:			
POTW Address:			
City:	State:	County:	Zip:
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS			
6.2.1 Off-site EPA Identification Number (RCRA ID No.) NJD002454544			
Off-Site Location Name MARISOL INC.			
Off-Site Address 125 FACTORY LANE			
City: MIDDLESEX	State: NJ	County: MIDDLESEX	Zip: 08846-
Is location under control of reporting facility or parent company? [] YES [X] NO			

EPA Form 9350-1 (Rev. 04/97) - Previous editions are obsolete.

Range Codes: A = 1 - 10 pounds
 B = 11 - 499 pounds
 C = 500 - 999 pounds

S00356

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 07071SKCRP201PO Chem., Cat., or Gen. Name XYLENE (MIXED ISOMERS)
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SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 211329	1. 0	1. M56
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): PAD085690592

Off-Site Location Name PHILIPS SERVICES

Off-Site Address 2869 SANDSTONE DRIVE

City: HATFIELD State: NJ County: BUCKS Zip: 19440-

Is location under control of reporting facility or parent company? ☐ YES ☒ NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 22981	1. 0	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1 2 3 4 5 6 7 8			Yes No [] []
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8			Yes No [] []
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8			Yes No [] []
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8			Yes No [] []
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8			Yes No [] []

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)				TRI FACILITY ID NUMBER 07071SKCRP201PO Chem., Cat., or Gen. Name XYLENE (MIXED ISOMERS)
---	---	--	--	--	--

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]: 1 | NA | 2 | | 3 | | 4 | |

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]: 1 | NA | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1 Quantity released *	16678	24737	20000	20000
8.2 Quantity used for energy recovery on-site	0	0	0	0
8.3 Quantity used for energy recovery off-site	394551	211329	200000	200000
8.4 Quantity recycled on-site	0	0	0	0
8.5 Quantity recycled off-site	0	0	0	0
8.6 Quantity treated on-site	0	0	0	0
8.7 Quantity treated off-site	0	0	0	0
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9 Production Ratio or Activity Index				0001.81
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
Source Reduction Activities [enter code(s)]		Methods to Identify Activity (enter codes)		
8.10.1	W42	a. T01	b. T04	c. T06
8.10.2	W14	a. T01	b. T04	c. T06
8.10.3	NA	a.	b.	c.
8.10.4		a.	b.	c.
8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES NO [] [X]

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

EPA
United States
Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND THIS STATEMENT:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
----------------------------------	--	---	--

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997	SECTION 2. TRADE SECRET INFORMATION 2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3) 2.2 If yes in 2.1, is this copy: [] Sanitized [] Unsanitized
---	---

SECTION 3. FORM A (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG VICE PRESIDENT

Signature | Date Signed 06/26/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name	TRI Facility ID Number
SIKA CORPORATION	07071-SKCRP-201PO
Mailing Address (if different from street address)	
NA	
4.1	City: State: Zip Code:
Street Address	
201 POLITO AVENUE	
City: LYNDHURST County: BERGEN State: NJ Zip: 07071	
This report contains information for	
4.2	Check c if applicable; a and b have been intentionally left blank c. [] A Federal Facility
4.3	Technical Contact Name Telephone Number
	DALE W. HEINZE (201)933 - 8800

EPA TOXIC CHEMICAL RELEASE INVENTORY FORM A							
United States Environmental Protection Agency							
SECTION 4. FACILITY IDENTIFICATION (Continued)							
4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
		Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6	Latitude and Longitude	040	48	20	074	06	30
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 002179893 b. NA		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. NJD002179893 b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)				a. NJ0002011 b. NJ0101389		
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA b.		
SECTION 5. PARENT COMPANY INFORMATION							
5.1	Name of Parent Company [] NA SIKA AG						
5.2	Parent Company's Dun & Bradstreet Number [X] NA (9 digits) NA						
PART II. CHEMICAL IDENTIFICATION							
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)							
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N120						
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) DIISOCYANATES						
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)						
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)							
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA						

EPA		TOXIC CHEMICAL RELEASE INVENTORY	
United States		FORM A	
Environmental Protection Agency			
WHERE TO SEND THIS STATEMENT:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
PART I. FACILITY IDENTIFICATION INFORMATION			
SECTION 1.	SECTION 2. TRADE SECRET INFORMATION		
REPORTING YEAR	2.1 Are you claiming the toxic chemical identified on page 2 trade secret?		
1997	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		
	2.2 If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized		
SECTION 3. FORM A (Important: Read and sign after completing all form sections.)			
I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.			
Name and official title of owner/operator or senior management official			
ANTHONY JURG		VICE PRESIDENT	
Signature		Date Signed 06/26/98	
SECTION 4. FACILITY IDENTIFICATION			
Facility or Establishment Name		TRI Facility ID Number	
SIKA CORPORATION		07071-SKCRP-201PO	
Mailing Address (if different from street address)			
NA			
4.1	City:	State:	Zip Code:
	Street Address		
	201 POLITO AVENUE		
	City: LYNDHURST	County: BERGEN	State: NJ Zip: 07071
4.2	This report contains information for Check c if applicable; a and b have been intentionally left blank <input checked="" type="checkbox"/> A Federal Facility		
4.3	Technical Contact	Name	Telephone Number
		DALE W. HEINZE	(201)933 - 8800

EPA TOXIC CHEMICAL RELEASE INVENTORY FORM A							
United States Environmental Protection Agency							
SECTION 4. FACILITY IDENTIFICATION (Continued)							
4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 002179893	
						b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893	
						b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011	
						b. NJ0101389	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA	
						b.	
SECTION 5. PARENT COMPANY INFORMATION							
5.1	Name of Parent Company						
	[] NA	SIKA AG					
5.2	Parent Company's Dun & Bradstreet Number						
	[X] NA	(9 digits) NA					
PART II. CHEMICAL IDENTIFICATION							
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)							
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)						
	000050-00-0						
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)						
	FORMALDEHYDE						
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)						
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)							
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)						
	NA						

EPA		TOXIC CHEMICAL RELEASE INVENTORY	
United States		FORM A	
Environmental Protection Agency			
<hr/>			
WHERE TO SEND THIS STATEMENT:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
<hr/>			
PART I. FACILITY IDENTIFICATION INFORMATION			
<hr/>			
SECTION 1.	SECTION 2. TRADE SECRET INFORMATION		
REPORTING YEAR	2.1 Are you claiming the toxic chemical identified on page 2 trade secret?		
1997	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		
	2.2 If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized		
<hr/>			
SECTION 3. FORM A (Important: Read and sign after completing all form sections.)			
I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.			
Name and official title of owner/operator or senior management official			
ANTHONY JURG VICE PRESIDENT			
Signature Date Signed 06/26/98			
<hr/>			
SECTION 4. FACILITY IDENTIFICATION			
Facility or Establishment Name		TRI Facility ID Number	
SIKA CORPORATION		07071-SKCRP-201PO	
Mailing Address (if different from street address)			
NA			
4.1	City: State: Zip Code:		
Street Address			
201 POLITO AVENUE			
City: LYNDHURST County: BERGEN State: NJ Zip: 07071			
<hr/>			
4.2	This report contains information for Check c if applicable; a and b have been intentionally left blank c. <input type="checkbox"/> A Federal Facility		
4.3	Technical Contact Name DALE W. HEINZE		Telephone Number (201) 933 - 8800

EPA		TOXIC CHEMICAL RELEASE INVENTORY FORM A					
United States Environmental Protection Agency							
SECTION 4. FACILITY IDENTIFICATION (Continued)							
4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6		Latitude			Longitude		
	Latitude and Longitude	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 002179893	
						b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893	
						b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011	
						b. NJ0101389	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA	
						b.	
SECTION 5. PARENT COMPANY INFORMATION							
5.1	Name of Parent Company						
	[] NA SIKA AG						
5.2	Parent Company's Dun & Bradstreet Number						
	[X] NA (9 digits) NA						
PART II. CHEMICAL IDENTIFICATION							
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)							
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)						
	000064-18-6						
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)						
	FORMIC ACID						
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)						
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)							
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)						
	NA						

(IMPORTANT: Type or print; read instructions
before completing form)

Form Approved OMB Number: 2070-0143
Approval Expires: 05/31/98

Page 1 of 2

EPA
United States
Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND THIS STATEMENT:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
----------------------------------	--	---	--

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997	SECTION 2. TRADE SECRET INFORMATION 2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) 2.2 If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized
---	--

SECTION 3. FORM A (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG VICE PRESIDENT

Signature Date Signed 06/26/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name	TRI Facility ID Number
SIKA CORPORATION	07071-SKCRP-201PO
Mailing Address (if different from street address)	
NA	
4.1 City:	State: Zip Code:
Street Address	
201 POLITO AVENUE	
City: LYNDHURST	County: BERGEN State: NJ Zip: 07071

4.2 This report contains information for
Check c if applicable; a and b have been intentionally left blank c. ☐ A Federal Facility

4.3 Technical Contact	Name	Telephone Number
	DALE W. HEINZE	(201) 933 - 8800

EPA TOXIC CHEMICAL RELEASE INVENTORY FORM A							
United States Environmental Protection Agency							
SECTION 4. FACILITY IDENTIFICATION (Continued)							
4.4 Intentionally left blank							
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
		Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6	Latitude and Longitude	040	48	20	074	06	30
4.7 Dun & Bradstreet Number(s) (9 digits)					a. 002179893		
					b. NA		
4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893		
					b. NA		
4.9 Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011		
					b. NJ0101389		
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA		
					b.		
SECTION 5. PARENT COMPANY INFORMATION							
Name of Parent Company							
5.1	[] NA	SIKA AG					
Parent Company's Dun & Bradstreet Number							
5.2	[X] NA	(9 digits) NA					
PART II. CHEMICAL IDENTIFICATION							
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)							
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)							
1.1	000108-31-6						
Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)							
1.2	MALEIC ANHYDRIDE						
Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)							
1.3							
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)							
Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)							
2.1	NA						

EPA
United States
Environmental Protection Agency
TOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND THIS STATEMENT: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL
RELEASE INVENTORY
2. APPROPRIATE STATE
OFFICE
(See instructions
in Appendix F)

Enter "X" here
if this is a
revision

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1.

REPORTING
YEAR

1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?

[] Yes (Answer question 2.2;
Attach substantiation forms) [X] No (Do not answer 2.2;
Go to Section 3)

2.2 If yes in 2.1, is this copy: [] Sanitized [] Unsanitized

SECTION 3. FORM A

(Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed 06/26/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

SIKA CORPORATION

TRI Facility ID Number

07071-SKCRP-201PO

Mailing Address (if different from street address)

NA

4.1

City: State: Zip Code:

Street Address

201 POLITO AVENUE

City: LYNDHURST

County: BERGEN

State: NJ Zip: 07071

This report contains information for

4.2 Check c if applicable; a and b have been intentionally left blank c. [] A Federal Facility

4.3 Technical Contact Name

DALE W. HEINZE

Telephone Number
(201) 933 - 8800

EPA
United States
Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.4 | Intentionally left blank

4.5 | SIC Code (4-digit) | a. 2891 | b. NA | c. | d. | e. | f.

4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30

4.7 | Dun & Bradstreet Number(s) (9 digits) | a. 002179893
b. NA

4.8 | EPA Identification Number(s) (RCRA I.D. No.) (12 characters) | a. NJD002179893
b. NA

4.9 | Facility NPDES Permit Number(s) (9 characters) | a. NJ0002011
b. NJ0101389

4.10 | Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) | a. NA
b.

SECTION 5. PARENT COMPANY INFORMATION

Name of Parent Company |

5.1 | [] NA | Sika AG

Parent Company's Dun & Bradstreet Number |

5.2 | [X] NA | (9 digits) NA

PART II. CHEMICAL IDENTIFICATION

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

1.1 | 000067-56-1

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

1.2 | METHANOL

Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)

1.3 |

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

2.1 | NA

EPA		TOXIC CHEMICAL RELEASE INVENTORY	
United States		FORM A	
Environmental Protection Agency			
WHERE TO SEND THIS STATEMENT:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
PART I. FACILITY IDENTIFICATION INFORMATION			
SECTION 1.	SECTION 2. TRADE SECRET INFORMATION		
REPORTING YEAR	2.1 Are you claiming the toxic chemical identified on page 2 trade secret?		
1997	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		
	2.2 If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized		
SECTION 3. FORM A (Important: Read and sign after completing all form sections.)			
I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.			
Name and official title of owner/operator or senior management official			
ANTHONY JURG VICE PRESIDENT			
Signature		Date Signed 06/26/98	
SECTION 4. FACILITY IDENTIFICATION			
Facility or Establishment Name		TRI Facility ID Number	
SIKA CORPORATION		07071-SKCRP-201PO	
Mailing Address (if different from street address)			
NA			
4.1	City: State: Zip Code:		
Street Address			
201 POLITO AVENUE			
City: LYNDHURST		County: BERGEN	State: NJ Zip: 07071
This report contains information for			
4.2	Check c if applicable; a and b have been intentionally left blank <input checked="" type="checkbox"/> A Federal Facility		
4.3	Technical Contact	Name	Telephone Number
		DALE W. HEINZE	(201)933 - 8800

EPA TOXIC CHEMICAL RELEASE INVENTORY FORM A							
United States Environmental Protection Agency							
SECTION 4. FACILITY IDENTIFICATION (Continued)							
4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 002179893	
						b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893	
						b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011	
						b. NJ0101389	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA	
						b.	
SECTION 5. PARENT COMPANY INFORMATION							
5.1	Name of Parent Company						
	[] NA	SIKA AG					
5.2	Parent Company's Dun & Bradstreet Number						
	[X] NA	(9 digits) NA					
PART II. CHEMICAL IDENTIFICATION							
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)							
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)						
	007632-00-0						
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)						
	SODIUM NITRITE						
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)						
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)							
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including num- bers, letters, spaces, and punctuation.)						
	NA						

(IMPORTANT: Type or print; read instructions
before completing form)

Form Approved OMB Number: 2070-0143
Approval Expires: 05/31/98

Page 1 of 2

EPA United States Environmental Protection Agency		TOXIC CHEMICAL RELEASE INVENTORY FORM A	
WHERE TO SEND THIS STATEMENT:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
PART I. FACILITY IDENTIFICATION INFORMATION			
SECTION 1. REPORTING YEAR 1997	SECTION 2. TRADE SECRET INFORMATION 2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3) 2.2 If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized		
SECTION 3. FORM A (Important: Read and sign after completing all form sections.) I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year. Name and official title of owner/operator or senior management official ANTHONY JURG VICE PRESIDENT Signature _____ Date Signed 06/26/98			
SECTION 4. FACILITY IDENTIFICATION			
4.1	Facility or Establishment Name SIKA CORPORATION		TRI Facility ID Number 07071-SKCRP-201PO
	Mailing Address (if different from street address) NA		
	City: _____ State: _____ Zip Code: _____		
	Street Address 201 POLITO AVENUE		
	City: LYNDHURST County: BERGEN State: NJ Zip: 07071		
	This report contains information for 4.2 Check c if applicable; a and b have been intentionally left blank <input type="checkbox"/> A Federal Facility		
4.3	Technical Contact Name DALE W. HEINZE	Telephone Number (201)933 - 8800	

EPA
United States
Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.4 Intentionally left blank

4.5 SIC Code (4-digit) a. 2891 b. NA c. d. e. f.

Latitude and Longitude	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6	040	48	20	074	06	30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
b. NA

4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters) a. NJD002179893
b. NA

4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
b. NJ0101389

4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company
[] NA SIKA AG

5.2 Parent Company's Dun & Bradstreet Number
[X] NA (9 digits) NA

PART II. CHEMICAL IDENTIFICATION

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
026471-62-5

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
TOLUENE DIISOCYANATE (MIXED ISOMERS)

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

NUDEP

Community RTK (1997)

S00373

COMMUNITY RIGHT TO KNOW SURVEY FOR 1997

For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

(A)

FACILITY LOCATION

0 2 9 4 4 8 0 0 0 0 0

2 8 9 1

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

ATTN: CHARLES P. LUGINBILL
SIKA CORP.
201 POLITO AVENUE
LYNDHURST, NJ 07071SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

See instructions if information on these forms is incorrect.

(B) Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A:	Yes	No	(D) Number of employees at facility
	1. in any quantity? <input checked="" type="checkbox"/>	<input type="checkbox"/>	145
2. above thresholds? <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Number of facilities in New Jersey
			1
			(F) Federal EIN
			22-1594831
(C) Briefly describe the nature of the operations or business conducted at this facility: MANUFACTURER OF CONSTRUCTION ADHESIVES, SEALANTS, EPOXIES AND CONSTRUCTION ADMIXTURES			(G) If you are claiming an R&D lab exemption for this facility, enter your approval number here. _____
(H) Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>			
(I) FACILITY EMERGENCY CONTACT			
Name A. JURG		Title VICE PRESIDENT	
Facility Phone Number (614) 387-9224		Emergency Contact Phone Number (201) 933-8800	

☒ **NOTE:** Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password _____

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Signature	<u>Dale W. Heinze</u>	Date	<u>2/23/98</u>
Name	<u>Dale W. Heinze</u>	Fax #	<u>(201) 804-1040</u>
		Phone #	<u>(201) 933-8800</u>
		Title	<u>Corp. Env. Engineer</u>

RETURNED SIGNED ORIGINAL TO:
NJDEP
Community Right To Know Survey
PO Box 405
Trenton, NJ 08625-0405**You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.**

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1997 CHEMICAL INVENTORY REPORT

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Methyl Ethyl Ketone</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>1258</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>78-93-3</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1193</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Flammable Storage Rm. (Bldg. 3b)</u>	
Name: <u>Methyl Ethyl Ketone</u>	(x) Fire	Container Type <u>CN</u>
Substance Number: <u>1258</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>78-93-3</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1193</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse (Bldg. 3)</u>	
Name: <u>Methanol</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>07-56-1</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1230</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Flammable Storage Rm. (Bldg. 3b)</u>	
Name: <u>Methanol</u>	(x) Fire	Container Type <u>CN</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>07-56-1</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1230</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse (Bldg. 3b)</u>	
Name: <u>Formaldehyde</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1198</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm VT10</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)	1 NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

DEQ-C94

S00375

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Formaldehyde</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1198</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Tank Farm T-16, T-11</u>	
Name: <u>Formic Acid</u>	() Fire	Container Type <u>DP</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>64-18-6</u>	(x) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1779</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Raw Materials Warehouse Bldgs 1a & 1b</u>	
Name: <u>Formic Acid</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Tank Farm T-11</u>	
Name: <u>Formic Acid</u>	() Fire	Container Type <u>CN</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture () <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods Warehouse Bldg. 3b</u>	
Name: <u>Formic Acid</u>	() Fire	Container Type <u>OT Plastic</u>
Substance Number: <u>0948</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1779</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods Warehouse Bldg 3b</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Methanol</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>07-56-1</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1230</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Tank Farm VT-10</u>	
Name: <u>Formaldehyde</u>	() Fire	Container Type <u>OT Plastic Pa</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>10</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>10</u>
DOT Number: <u>1198</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods Warehouse Bldg. 3b</u>	
Name: <u>Toluene</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>1866</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>108-88-3</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1294</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>04</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Flammable Storage Rm. Bldg. 3b</u>	
Name: <u>Toluene</u>	(x) Fire	Container Type <u>CN</u>
Substance Number: <u>1866</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>108-88-3</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1294</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods Warehouse Bldg. 3b</u>	
Name: <u>Butyl Benzyl Phthalate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>2896</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>85-68-7</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () <u>Check one</u>	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Raw Materials Warehouse Bldgs 1a & 1b</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>PVC</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>----</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldg.s 1a & 1b</u>	

Name: <u>PVC</u>	(x) Fire	Container Type <u>BX</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>17</u>
DOT Number: <u>---</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse Bldgs 3b & 3c</u>	

Name: <u>PVC</u>	(x) Fire	Container Type <u>CN</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>---</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse Bldgs 3b & 3c</u>	

Name: <u>PVC</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>---</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse Bldg. 3b & 3c</u>	

Name: <u>Propane</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>1594</u>	(x) Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid () or Gas (x) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Adjacent to Boiler Room Bldg. 3a</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)	¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Propane</u>	(x) Fire	Container Type <u>CY</u>
Substance Number: <u>1978</u>	(x) Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (x) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Southwest facility yard</u>	
Name: <u>Heating Oil</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>2444</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>---</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1993</u>	() Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm VT-1 & VT-2</u>	
Name: <u>Toluene Diisocyanate</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>2078</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>TDI storage area - rear of Bldg 2, 2nd flr.</u>	
Name: <u>Toluene Diisocyanate</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>2078</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Prepolymer Tank Bldg 2, 2nd flr</u>	
Name: <u>Toluene Diisocyanate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. daily inventory <u>10</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. daily inventory <u>10</u>
DOT Number: <u>2078</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Flammables Storage Rm Bldg 3b</u>	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 100 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Sodium Nitrite</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>2258</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>7632-00-0</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1500</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs 1a & 1b</u>	
Name: <u>Maleic Anhydride</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>2258</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>7632-00-0</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1500</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm T-20</u>	
Name: <u>Aluminum Dust</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>0054</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>7429-90-5</u>	(x) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1383</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Powders Mfg Bldg 3c & Finished Goods Bldg. 3c</u>	
Name: <u>Isophorone Diisocyanate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>1068</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>4098-71-9</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>2290</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs 1a & 1b</u>	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 1 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 100 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Isophrone Diisocyanate</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>1068</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>4098-71-9</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>2290</u>	x() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	x() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Prepolymer storage are Bldg 2</u>	
Name: <u>Diisocyanates</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>----</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs 1a & 1b</u>	
Name: <u>Diisocyanates</u>	(x) Fire	Container Type <u>TA</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>----</u>	(x) Acute health effects	Days on site <u>275</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>05</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm Behind Bldg. 2</u>	
Name: <u>Diisocyanates</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>---</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw materials Warehouse Bldgs 1a & 1b</u>	
Name: <u>Naphthalene</u>	(x) Fire	Container Type <u>DS</u>
Substance Number: <u>1322</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>91-20-3</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1334</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	(x) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Waste Storage Pad</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Diisocyanates</u>	() Fire	Container Type	<u>DS</u>	
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory	<u>13</u>	
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory	<u>13</u>	
DOT Number: <u>----</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure	<u>01</u>	
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Flammables Room Bldg. 3b</u>			
Name: <u>Naphthalene</u>	(X) Fire	Container Type	<u>TA</u>	
Substance Number: <u>1322</u>	() Sudden release of pressure	Max. daily inventory	<u>13</u>	
CAS Number: <u>91-20-3</u>	() Reactive	Avg. daily inventory	<u>12</u>	
DOT Number: <u>1334</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure	<u>01</u>	
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature	<u>02</u>	
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Tank Farm and Bldg. 2</u>			
Name: <u>Xylene</u>	(X) Fire	Container Type	<u>TA</u>	
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>15</u>	
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>14</u>	
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure	<u>01</u>	
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Tank Farm T-22 & VT-6</u>			
Name: <u>Xylene</u>	(X) Fire	Container Type	<u>DS</u>	
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>14</u>	
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>14</u>	
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure	<u>01</u>	
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Waste Pad & Flammables Storage Room Bldg. 3</u>			
Name: <u>Xylene</u>	(X) Fire	Container Type	<u>BX</u>	
Substance Number: <u>2014</u>	() Sudden release of pressure	Max. daily inventory	<u>16</u>	
CAS Number: <u>1330-20-7</u>	() Reactive	Avg. daily inventory	<u>15</u>	
DOT Number: <u>1307</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure	<u>01</u>	
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods Warehouse Bldg.s 3b & 3c</u>			

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	cryogenic (freezing conditions)
		11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
		10 1 to 100 pounds	*Ambient means "normal," "surrounding," or "room"
		09 Less than 1 pound	conditions.
		¹ NOTE: Please see pages 14 thru 17 for	
		gallon & cubic feet conversion factors.	

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PART 2

1997 CHEMICAL INVENTORY REPORT

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>CN</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse Bldgs. 3b & 3c</u>	
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse Bldg. 3b & 3c</u>	
Name: <u>Ethylbenzene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Tank Farm T-22 & VT-6</u>	
Name: <u>Ethylbenzene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Waste Pad</u>	
Name: <u>Ethylbenzene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse Bldgs. 3b & 3c</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

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PART 2

1997 CHEMICAL INVENTORY REPORT

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Ethylbenzene</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>CN</u>
Substance Number: <u>0851</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>100-41-4</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>1175</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished Goods Warehouse Bldg.s 3b & 3c</u>		
Name: <u>Ethylbenzene</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>0851</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>100-41-4</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>1175</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished Goods Warehouse Bldg 3b</u>		
Name: <u>Phenol</u>		<input type="checkbox"/> Fire	Container Type	<u>CN</u>
Substance Number: <u>1487</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number: <u>108-95-2</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>1671</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished Goods Warehouse Bldg. 3b</u>		
Name: <u>Phenol</u>		<input type="checkbox"/> Fire	Container Type	<u>BX</u>
Substance Number: <u>1487</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>11</u>
CAS Number: <u>108-95-2</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>11</u>
DOT Number: <u>1671</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished Goods Warehouse Bldg. 3b</u>		
Name: <u>1,2,4 Trimethylbenzene</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>2716</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>95-63-6</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>1263</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Flammables Storage Room Bldg. 3b</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 100 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

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PART 2

1997 CHEMICAL INVENTORY REPORT

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Titanium Dioxide</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>---</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>13463-67-7</u>	() Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>---</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture () <i>Check one</i>	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Raw Materials Warehouse Bldg.s 1b, 1a, 3c</u>	

Name: <u>Aluminum Sulphate</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>10043-01-3</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1c</u>	

Name: <u>Diethanolamine</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>0686</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>1464-53-5</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1955</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure () or Mixture <input checked="" type="checkbox"/> <i>Check one</i>	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid <input checked="" type="checkbox"/> or Gas () <i>Check one</i>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1c</u>	

Name: <u>Epoxy Resin</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>25086-38-6</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure () or Mixture <input checked="" type="checkbox"/> <i>Check one</i>	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid <input checked="" type="checkbox"/> or Gas () <i>Check one</i>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Outside Bldg. 2</u>	

Name: <u>Urea</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>57-13-6</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BA Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BX Box	10 1 to 100 pounds	*Ambient means "normal," "surrounding," or "room"
CY Cylinder	09 Less than 1 pound	conditions.
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Vinyl Pyrrolidone</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>----</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>88-12-0</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>2810</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a & 1b, Bldg. (2nd fl</u>	
Name: <u>Calcium Hydroxide</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>----</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1305-62-0</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Raw Materials Bldgs. 1a & 1b</u>	
Name: <u>Carbon Black</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>----</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>1333-86-4</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>----</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a & 1b, Bldg.</u>	
Name: <u>Sodium Aluminate Powder</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>----</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1302-42-7</u>	<input checked="" type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>2812</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>	
Name: <u>Benzyl Alcohol</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>----</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>100-51-6</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 100 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

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SIKA CORP.
201 POLITO AVE.
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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Isophorone Diamine</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>2855-13-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>2289</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldg.s 1a & 1b</u>	
Name: <u>Sodium Hydroxide</u>	() Fire	Container Type <u>TI</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>7732-18-5</u>	(x) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1824</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank inside Bldg. 2</u>	
Name: <u>Sodium Hydroxide</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>7732-18-5</u>	(x) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1824</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>	
Name: <u>Sulfanilic Acid</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>121-57-3</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	(x) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (x) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b, Bldg. 2</u>	
Name: <u>P-Toluenesulfonyl Isocyanate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>----</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>4083-64-1</u>	(x) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>----</u>	(x) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (x) Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (x) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
	10 1 to 100 pounds	
	09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

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PART 2

1997 CHEMICAL INVENTORY REPORT

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Calcium Oxide</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: <u>----</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>305-78-8</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>1910</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (<input checked="" type="checkbox"/> or Mixture <input type="checkbox"/>) Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid (<input checked="" type="checkbox"/> Liquid <input type="checkbox"/>) or Gas <input type="checkbox"/>) Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>		
Name: <u>N-Methyl-2-Pyrrolidone</u>		<input type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>3716</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>872-50-4</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>----</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (<input checked="" type="checkbox"/> or Mixture <input type="checkbox"/>) Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid (<input checked="" type="checkbox"/>) or Gas <input type="checkbox"/>) Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Raw Materials Warehouse Bldgs. 1a, 1b</u>		
Name: <u>Silicon Dioxide</u>		<input type="checkbox"/> Fire	Container Type	<u>TI</u>
Substance Number: <u>----</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>17</u>
CAS Number: <u>14808-60-7</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>16</u>
DOT Number: <u>----</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture (<input checked="" type="checkbox"/>) Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid (<input checked="" type="checkbox"/> Liquid <input type="checkbox"/>) or Gas <input type="checkbox"/>) Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Powders Plant Bldg. 3c</u>		
Name: <u>Silicon Dioxide</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: <u>----</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>14808-60-7</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>----</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input type="checkbox"/>) Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input type="checkbox"/>) or Gas <input type="checkbox"/>) Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Powders Plant Bldg. 3c</u>		
Name: <u>Sodium Aluminate</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: <u>----</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>1320-42-7</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>14</u>
DOT Number: <u>----</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture (<input checked="" type="checkbox"/>) Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid (<input checked="" type="checkbox"/> Liquid <input type="checkbox"/>) or Gas <input type="checkbox"/>) Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Raw Materials Warehouse Bldg. 1a, 1c</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 100 pounds	
		09 Less than 1 pound	
		¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Lithium Carbonate</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>1124</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>554-13-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>----</u>	() Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture () <u>Check one</u>	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Powders Mfg. & Finished Goods Warehouse Bldg</u>	

Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>QT - bg, c</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u>-----</u>
CAS Number: <u>-----</u>	() Reactive	Avg. daily inventory <u>-----</u>
DOT Number: <u>-----</u>	() Acute health effects	Days on site <u>-----</u>
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure <u>-----</u>
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>-----</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>C. Laboratory Bldg. 2 (3rd flr)</u>	

Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>QT - bg, cn</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u>-----</u>
CAS Number: <u>-----</u>	() Reactive	Avg. daily inventory <u>-----</u>
DOT Number: <u>-----</u>	() Acute health effects	Days on site <u>-----</u>
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure <u>-----</u>
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>-----</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>R & D Laboratory Bldg. 5</u>	

Name: <u>-----</u>	() Fire	Container Type <u>-----</u>
Substance Number: <u>-----</u>	() Sudden release of pressure	Max. daily inventory <u>-----</u>
CAS Number: <u>-----</u>	() Reactive	Avg. daily inventory <u>-----</u>
DOT Number: <u>-----</u>	() Acute health effects	Days on site <u>-----</u>
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure <u>-----</u>
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>-----</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>-----</u>	

Name: <u>-----</u>	() Fire	Container Type <u>-----</u>
Substance Number: <u>-----</u>	() Sudden release of pressure	Max. daily inventory <u>-----</u>
CAS Number: <u>-----</u>	() Reactive	Avg. daily inventory <u>-----</u>
DOT Number: <u>-----</u>	() Acute health effects	Days on site <u>-----</u>
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure <u>-----</u>
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>-----</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>-----</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BA Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BX Box	10 1 to 100 pounds	*Ambient means "normal," "surrounding," or "room"
CY Cylinder	09 Less than 1 pound	conditions.
BG Bottles or jugs (glass)	¹ NOTE: Please see pages 14 thru 17 for	
BP Bottles or jugs (plastic)	gallon & cubic feet conversion factors.	
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

DEQ-084

USEPA

Form R (1996)

S00390

**EPA**

United States

Environmental Protection
Agency**FORM R TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

**WHERE TO SEND
COMPLETED FORMS:**

1. EPCRA Reporting Center

P.O. Box 3348

Merrifield, VA 22116-3348

ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE

(See instructions in Appendix F)

Enter "X" here if
this is a revision**Important: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.**

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR	SECTION 2. TRADE SECRET INFORMATION	
	2.1	Are you claiming the toxic chemical identified on page 3 trade secret? <input type="checkbox"/> Yes. (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)
	2.2	If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized

1996

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted using data available to the preparers of this report. ents and values in this report are accurate based on reasonable estimates

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number
	SIKA CORPORATION		07071SKCRP201PO
	Street Address		
	201 POLITO AVENUE		
	City	County	
	LYNDHURST	BERGEN	
	State	Zip Code	
	NJ	07071-	
	Mailing Address (if different from street address)		<div style="border: 1px solid black; padding: 10px; text-align: center;"> PUT LABEL HERE </div>
	City		
State	Zip Code		



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**FORM R TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**


Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

 EPA United States Environmental Protection Agency	EPA FORM R PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 07071SKCRP201PO Toxic Chemical, Category or Generic Name ETHYLBENZENE
---	---	---

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a or b; check c if applicable)	a. <input checked="" type="checkbox"/>	An entire facility	b. <input type="checkbox"/>	Part of a facility	c. <input type="checkbox"/>	A Federal facility
4.3	Technical Contact	Name	CHARLES LUGINBILL			Telephone number (include area code)	
						(201) 933-8800	
4.4	Public Contact	Name	CHARLES LUGINBILL			Telephone number (include area code)	
						(201) 933-8800	
4.5	SIC Code (4-digit)	a.	2891	b.	NA	c.	
						d.	
						e.	
						f.	
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 002179893	
						b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893	
						b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011	
						b. NJ0101389	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA	
						b. NA	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	<input checked="" type="checkbox"/> NA	



United States
Environmental Protection
Agency

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000100414
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	ETHYLBENZENE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	If produce or import:			
		a. <input type="checkbox"/> Produce	c. <input type="checkbox"/> For on-site use/processing		
		b. <input type="checkbox"/> Import	d. <input type="checkbox"/> For sale/distribution		
			e. <input type="checkbox"/> As a byproduct		
			f. <input type="checkbox"/> As an impurity		
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant	c. <input type="checkbox"/> As an article component		
		b. <input checked="" type="checkbox"/> As a formulation component	d. <input type="checkbox"/> Repackaging		
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid	c. <input checked="" type="checkbox"/> Ancillary or other use		
		b. <input type="checkbox"/> As a manufacturing aid			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME

DURING THE CALENDAR YEAR

4.1	<div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	(Enter two-digit code from instruction package.)



United States
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Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	120	O	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	880	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4.1	Underground injections on-site to Class I Wells	<input type="checkbox"/> NA	0	O	
5.4.2	Underground injections on-site to Class II-V Wells	<input type="checkbox"/> NA	0	O	
5.5	Disposal to land on-site				
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/> NA	0	O	
5.5.1B	Other landfills	<input type="checkbox"/> NA	0	O	
5.5.2	Land treatment/ application farming	<input type="checkbox"/> NA	0	O	
5.5.3	Surface impoundment	<input type="checkbox"/> NA	0	O	
5.5.4	Other disposal	<input type="checkbox"/> NA	0	O	

☐

Check here only if additional Section 5.3 information is provided on page 5 of this form.

**EPA**
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 Environmental Protection
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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4 Stream or Water Body Name			
5.3.5 Stream or Water Body Name			
5.3.6 Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)		Basis of Estimate (enter code)	
NA			
6.1.B POTW Name and Location Information			
6.1.B.1	POTW Name	6.1.B.2	POTW Name
NA			
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	Zip Code

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box **1** and indicate which Part II, Section 5.3/6.1 page this is, here. **1** (example: 1, 2, 3, etc.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.)		NJD002454544	
Off-Site Location Name		MARISOL, INC.		
Street Address		125 FACTORY LANE		
City	MIDDLESEX	County	MIDDLESEX	
State	NJ	Zip Code	08846-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1. 70000		1. O		1. M56
2.		2.		2.
3.		3.		3.
4.		4.		4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	Off-site EPA Identification Number (RCRA ID No.)		PAD085690592	
Off-Site Location Name		REPUBLIC ENVIRONMENTAL SYSTEMS		
Street Address		2869 SANDSTONE DRIVE		
City	HATFIELD	County		
State	PA	Zip Code	19440-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1. 1900		1. O		1. M72
2.		2.		2.
3.		3.		3.
4.		4.		4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **2** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
ETHYLBENZENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.3	Off-site EPA Identification Number (RCRA ID No.)		NA	
	Off-Site Location Name			
Street Address				
City			County	
State		Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1.		1.		1.
2.		2.		2.
3.		3.		3.
4.		4.		4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.4	Off-site EPA Identification Number (RCRA ID No.)			
	Off-Site Location Name			
Street Address				
City			County	
State		Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1.		1.		1.
2.		2.		2.
3.		3.		3.
4.		4.		4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **2** and indicate which Part II, Section 6.2 page this is, here. **2** (example: 1, 2, 3, etc.)



United States
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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
ETHYLBENZENE

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 <input type="text"/> 2 <input type="text"/>	7A.1c	7A.1d	7A.1e
NA	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b 1 <input type="text"/> 2 <input type="text"/>	7A.2c	7A.2d	7A.2e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b 1 <input type="text"/> 2 <input type="text"/>	7A.3c	7A.3d	7A.3e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b 1 <input type="text"/> 2 <input type="text"/>	7A.4c	7A.4d	7A.4e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b 1 <input type="text"/> 2 <input type="text"/>	7A.5c	7A.5d	7A.5e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



United States
Environmental Protection
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EPA FORM R

PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☐ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

ETHYLBENZENE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released*	1120	2000	2000	1800
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	73000	75000	70000	70000
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0001.10	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W14	a. T01	b. T04	c. T06	
8.10.2	W42	a. T01	b. T04	c. T06	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.



United States
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FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center

P.O. Box 3348

Merrifield, VA 22116-3348

ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE

(See instructions in Appendix F)

Enter "X" here if
this is a revision

Important: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1996

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 3 trade secret?

☐
Yes. (Answer question 2.2;
Attach substantiation forms)
☒
No (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted
using data available to the preparers of this report. Units and values in this report are accurate based on reasonable estimates

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

4.1

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE



United States
Environmental Protection
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FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

**EPA**
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PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
XYLENE (MIXED ISOMERS)

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a or b; check c if applicable)	a. <input checked="" type="checkbox"/>	An entire facility	b. <input type="checkbox"/>	Part of a facility	c. <input type="checkbox"/>	A Federal facility		
4.3	Technical Contact	Name	CHARLES LUGINBILL			Telephone number (include area code)			
						(201) 933-8800			
4.4	Public Contact	Name	CHARLES LUGINBILL			Telephone number (include area code)			
						(201) 933-8800			
4.5	SIC Code (4-digit)	a.	2891	b.	NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude				Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
		040	48	20	074	06	30		
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 002179893			
						b. NA			
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893			
						b. NA			
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011			
						b. NJ0101389			
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA			
						b. NA			

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	



United States
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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">001330207</div>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">XYLENE (MIXED ISOMERS)</div>
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NA</div>

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NA</div>
------------	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME

DURING THE CALENDAR YEAR

4.1	<div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div>	(Enter two-digit code from instruction package.)	
------------	---	--	--



United States
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Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	680	O	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	4998	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA			
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA			
5.5	Disposal to land on-site				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/> NA			
5.5.1B	Other landfills	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> Check here only if additional Section 5.3 information is provided on page 5 of this form.					

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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4 Stream or Water Body Name			
5.3.5 Stream or Water Body Name			
5.3.6 Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)		Basis of Estimate (enter code)	
NA			
6.1.B POTW Name and Location Information			
6.1.B.1	POTW Name	6.1.B.2	POTW Name
NA			
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	Zip Code
	-		-

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box 1 and indicate which Part II, Section 5.3/6.1 page this is, here, 1 (example: 1, 2, 3, etc.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.)		NJD002454544	
Off-Site Location Name		MARISOL, INC.		
Street Address		125 FACTORY LANE		
City	MIDDLESEX	County	MIDDLESEX	
State	NJ	Zip Code	08846-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1. 394551		1. O		1. M56
2.		2.		2.
3.		3.		3.
4.		4.		4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	Off-site EPA Identification Number (RCRA ID No.)		PAD085690592	
Off-Site Location Name		REPUBLIC ENVIRONMENTAL SYSTEMS		
Street Address		2869 SANDSTONE DRIVE		
City	HATFIELD	County		
State	PA	Zip Code	19440-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1. 11000		1. O		1. M72
2.		2.		2.
3.		3.		3.
4.		4.		4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **1** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 <input type="text"/> 2 <input type="text"/>	7A.1c	7A.1d	7A.1e
NA	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b 1 <input type="text"/> 2 <input type="text"/>	7A.2c	7A.2d	7A.2e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b 1 <input type="text"/> 2 <input type="text"/>	7A.3c	7A.3d	7A.3e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b 1 <input type="text"/> 2 <input type="text"/>	7A.4c	7A.4d	7A.4e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b 1 <input type="text"/> 2 <input type="text"/>	7A.5c	7A.5d	7A.5e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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EPA FORM R**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☐ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. 2. 3. 4. **SECTION 7C. ON-SITE RECYCLING PROCESSES**

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

need
to change
column B
16678 181



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released*	6360	5678	6000	6000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	414578	394551	425000	425000
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0001.10	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W42	a. T01	b. T04	c. T06	
8.10.2	W14	a. T01	b. T04	c. T06	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.



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FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if
this is a revision

**Important: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.**

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1996

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 3 trade secret?

☐Yes. (Answer question 2.2;
Attach substantiation forms)☒No (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted
using data available to the preparers of this report. Units and values in this report are accurate based on reasonable estimates

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE



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**FORM R TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**


Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

 EPA United States Environmental Protection Agency	EPA FORM R PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 07071SKCRP201PO Toxic Chemical, Category or Generic Name NAPHTHALENE
---	--	--

SECTION 4. FACILITY IDENTIFICATION (continued)																			
4.2	This report contains information for: (Important check a or b; check c if applicable)			a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility		c. <input type="checkbox"/> A Federal facility											
4.3	Technical Contact		Name CHARLES LUGINBILL			Telephone number (include area code) (201) 933-8800													
4.4	Public Contact		Name CHARLES LUGINBILL			Telephone number (include area code) (201) 933-8800													
4.5	SIC Code (4-digit)	2891	NA																
4.6	Latitude and Longitude	Latitude <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Degrees</th> <th style="width: 33%;">Minutes</th> <th style="width: 33%;">Seconds</th> </tr> <tr> <td style="text-align: center;">040</td> <td style="text-align: center;">48</td> <td style="text-align: center;">20</td> </tr> </table>			Degrees	Minutes	Seconds	040	48	20	Longitude <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Degrees</th> <th style="width: 33%;">Minutes</th> <th style="width: 33%;">Seconds</th> </tr> <tr> <td style="text-align: center;">074</td> <td style="text-align: center;">06</td> <td style="text-align: center;">30</td> </tr> </table>			Degrees	Minutes	Seconds	074	06	30
Degrees	Minutes	Seconds																	
040	48	20																	
Degrees	Minutes	Seconds																	
074	06	30																	
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 002179893 b. NA													
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893 b. NA													
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011 b. NJ0101389													
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA b. NA													

SECTION 5. PARENT COMPANY INFORMATION				
5.1	Name of Parent Company <table style="width: 100%;"> <tr> <td style="width: 20%;"><input type="checkbox"/> NA</td> <td>SIKA AG</td> </tr> </table>		<input type="checkbox"/> NA	SIKA AG
<input type="checkbox"/> NA	SIKA AG			
5.2	Parent Company's Dun & Bradstreet Number <table style="width: 100%;"> <tr> <td style="width: 20%;"><input checked="" type="checkbox"/> NA</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> NA	
<input checked="" type="checkbox"/> NA				

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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 1. TOXIC CHEMICAL IDENTITY
 (Important: DO NOT complete this
 section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000091203
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	NAPHTHALENE
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY
 (Important: DO NOT complete this
 section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	If produce or import:			
		a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component			
		c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging			
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid			
		c. <input checked="" type="checkbox"/> Ancillary or other use			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME**DURING THE CALENDAR YEAR**

4.1	02	(Enter two-digit code from instruction package.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	0	O	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	100	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA			
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA			
5.5	Disposal to land on-site				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/> NA			
5.5.1B	Other landfills	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			

☐

Check here only if additional Section 5.3 information is provided on page 5 of this form.

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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4 Stream or Water Body Name			
5.3.5 Stream or Water Body Name			
5.3.6 Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)		Basis of Estimate (enter code)	
NA			
6.1.B POTW Name and Location Information			
6.1.B.1 POTW Name		6.1.B.2 POTW Name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	Zip Code

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box **1** and indicate which Part II, Section 5.3/6.1 page this is, here. **1** (example: 1, 2, 3, etc.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.)		NJD002454544	
Off-Site Location Name		MARISOL, INC.		
Street Address		125 FACTORY LANE		
City	MIDDLESEX	County	MIDDLESEX	
State	NJ	Zip Code	08846-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1. 10700		1. O		1. M56
2.		2.		2.
3.		3.		3.
4.		4.		4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	Off-site EPA Identification Number (RCRA ID No.)			
Off-Site Location Name				
Street Address				
City		County		
State		Zip Code	-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1.		1.		1.
2.		2.		2.
3.		3.		3.
4.		4.		4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **1** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 <input type="text"/> 2 <input type="text"/>	7A.1c	7A.1d	7A.1e
NA	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b 1 <input type="text"/> 2 <input type="text"/>	7A.2c	7A.2d	7A.2e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b 1 <input type="text"/> 2 <input type="text"/>	7A.3c	7A.3d	7A.3e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b 1 <input type="text"/> 2 <input type="text"/>	7A.4c	7A.4d	7A.4e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b 1 <input type="text"/> 2 <input type="text"/>	7A.5c	7A.5d	7A.5e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☐ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. NA

2.

3.

4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA

2.

3.

4.

5.

6.

7.

8.

9.

10.



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PART II. CHEMICAL-SPECIFIC
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TRI FACILITY ID NUMBER

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

NAPHTHALENE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released*	0	100	1000	2000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	10700	20000	30000
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			NA	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.
REPORTING
YEAR**

1996

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 2 trade secret?

☐Yes. (Answer question 2.2;
Attach substantiation forms)☒No: Do not answer 2.2; continue
with Section 3.

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

4.2

This report contains information for:

(Important: check c if applicable; a and b have been intentionally left blank)

c. ☐A Federal
facility

4.3

Technical Contact

Name

CHARLES LUGINBILL

Telephone Number (include area code)

(201)933-8800

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun and Bradstreet Number(s) (9 digits)	a. 002179893					
		b. NA					
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a. NJD002179893					
		b. NA					
4.9	Facility NPDES Permit Number(s) (9 characters)	a. NJ0002011					
		b. NJ0101389					
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA					
		b. NA					

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	

PART II. CHEMICAL IDENTIFICATION**SECTION 1. TOXIC CHEMICAL IDENTITY**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	N120
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	DIISOCYANATES
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY**(Important: DO NOT complete this section if you complete Section 1 above.)**

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

EPA

United States
Environmental Protection Agency

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

EPA

United States
Environmental Protection Agency

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.
REPORTING
YEAR**

1996

SECTION 2. TRADE SECRET INFORMATION

- 2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes. (Answer question 2.2; Attach substantiation forms) ☒ No: Do not answer 2.2; continue with Section 3.
- 2.2 If yes in 2.1, is this copy: ☐ Sanitized ☐ Unsanitized

SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

4.2

This report contains information for:

(Important: check c if applicable; a and b have been intentionally left blank)

c. ☐ A Federal facility

4.3

Technical Contact

Name

CHARLES LUGINBILL

Telephone Number (include area code)

(201)933-8800

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun and Bradstreet Number(s) (9 digits)				a. 002179893		
					b. NA		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. NJD002179893		
					b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)				a. NJ0002011		
					b. NJ0101389		
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA		
					b. NA		

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	

PART II. CHEMICAL IDENTIFICATION**SECTION 1. TOXIC CHEMICAL IDENTITY**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000064186
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	FORMIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY**(Important: DO NOT complete this section if you complete Section 1 above.)**

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

EPA

United States
Environmental Protection Agency

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.
REPORTING
YEAR**

1996

SECTION 2. TRADE SECRET INFORMATION2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes. (Answer question 2.2;
Attach substantiation forms) ☒ No: Do not answer 2.2; continue
with Section 3.2.2 If yes in 2.1, is this copy: ☐ Sanitized ☐ Unsanitized**SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)**

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

4.1

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

4.2

This report contains information for:

(Important: check c if applicable; a and b have been intentionally left blank)

c. ☐A Federal
facility

4.3

Technical Contact

Name

CHARLES LUGINBILL

Telephone Number (include area code)

(201)933-8800

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun and Bradstreet Number(s) (9 digits)				a. 002179893		
					b. NA		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. NJD002179893		
					b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)				a. NJ0002011		
					b. NJ0101389		
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA		
					b. NA		

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	

PART II. CHEMICAL IDENTIFICATION**SECTION 1. TOXIC CHEMICAL IDENTITY**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000050000
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	FORMALDEHYDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.
REPORTING
YEAR**1996**SECTION 2. TRADE SECRET INFORMATION****2.1**

Are you claiming the toxic chemical identified on page 2 trade secret?

☐Yes. (Answer question 2.2;
Attach substantiation forms)☒No: Do not answer 2.2; continue
with Section 3.**2.2**

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION**4.1**

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

4.2

This report contains information for:

(Important: check c if applicable; a and b have been intentionally left blank)

c. ☐A Federal
facility**4.3**

Technical Contact

Name

CHARLES LUGINBILL

Telephone Number (include area code)

(201)933-8800

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun and Bradstreet Number(s) (9 digits)					a. 002179893	
						b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893	
						b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011	
						b. NJ0101389	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA	
						b. NA	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	

PART II. CHEMICAL IDENTIFICATION**SECTION 1. TOXIC CHEMICAL IDENTITY**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000108316
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	MALEIC ANHYDRIDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

EPA

United States
Environmental Protection Agency

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.
REPORTING
YEAR**

1996

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 2 trade secret?

☐Yes. (Answer question 2.2;
Attach substantiation forms)☒No: Do not answer 2.2; continue
with Section 3.

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

4.1

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

4.2

This report contains information for:

(Important: check c if applicable; a and b have been intentionally left blank)

c. ☐A Federal
facility

4.3

Technical Contact

Name

CHARLES LUGINBILL

Telephone Number (include area code)

(201)933-8800

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun and Bradstreet Number(s) (9 digits)					a. 002179893	
						b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. NJD002179893	
						b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)					a. NJ0002011	
						b. NJ0101389	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA	
						b. NA	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	

PART II. CHEMICAL IDENTIFICATION**SECTION 1. TOXIC CHEMICAL IDENTITY**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000067561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	METHANOL
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY**(Important: DO NOT complete this section if you complete Section 1 above.)**

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

EPA

United States
Environmental Protection Agency

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.
REPORTING
YEAR**1996**SECTION 2. TRADE SECRET INFORMATION****2.1**

Are you claiming the toxic chemical identified on page 2 trade secret?

☐Yes. (Answer question 2.2;
Attach substantiation forms)☒No: Do not answer 2.2; continue
with Section 3.**2.2**

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

ANTHONY JURG

VICE PRESIDENT

Signature

Date Signed

08-08-97

SECTION 4. FACILITY IDENTIFICATION**4.1**

Facility or Establishment Name

SIKA CORPORATION

LYNDHURST

TRI Facility ID Number

07071SKCRP201PO

Street Address

201 POLITO AVENUE

City

LYNDHURST

County

BERGEN

State

NJ

Zip Code

07071-

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

4.2**This report contains information for:**

(Important: check c if applicable; a and b have been intentionally left blank)

c. ☐A Federal
facility**4.3****Technical Contact**

Name

CHARLES LUGINBILL

Telephone Number (include area code)

(201)933-8800

EPAUnited States
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2891	b. NA	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		040	48	20	074	06	30
4.7	Dun and Bradstreet Number(s) (9 digits)				a. 002179893		
					b. NA		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. NJD002179893		
					b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)				a. NJ0002011		
					b. NJ0101389		
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA		
					b. NA		

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	SIKA AG
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	

PART II. CHEMICAL IDENTIFICATION**SECTION 1. TOXIC CHEMICAL IDENTITY**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	026471625
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	TOLUENE DIISOCYANATE (MIXED ISOMERS)
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

EPA

United States
Environmental Protection Agency

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2001****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2002

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DALE HEINZE Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DALE HEINZE Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
40 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. 002179893

a. NJD002179893

a. NJ0002011

a. NA

b.

b. NJ0101389

b. NJ0101389

b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
07071SKCRP201PO
Toxic Chemical, Category or Generic Name
XYLENE (MIXED ISOMERS)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)																																		
	1330207																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																																		
	XYLENE (MIXED ISOMERS)																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
	NA																																		
1.4	<p>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<input type="text" value="04"/> (Enter two-digit code from instruction package.)
------------	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="text"/>	163	O
5.2	Stack or point air emissions	NA <input type="text"/>	1736	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

S00122

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071SKCRP201PO
	Toxic Chemical, Category or Generic Name
	XYLENE (MIXED ISOMERS)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate
6.1.A.1. Total Transfers (pounds/year*)
 (enter range code** or estimate)

NA

6.1.A.2 Basis of Estimate
 (enter code)

6.1.B.1	POTW Name	NA					
POTW Address							
City		State		County		Zip	-
6.1.B.2	POTW Name						
POTW Address							
City		State		County		Zip	

 If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	PAD085690592							
Off-Site Location Name		PHILIPS SERVICES							
Off-Site Address		2869 SANDSTONE DRIVE							
City	HATFIELD	State	PA	County	BUCKS	Zip	19440-	Country (Non-US)	

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	07071SKCRP201PO
	Toxic Chemical, Category or Generic Name
	XYLENE (MIXED ISOMERS)
Is location under control of reporting facility or parent company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

07071SKCRP201PO

Toxic Chemical, Category or Generic Name

XYLENE (MIXED ISOMERS)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 56150	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

NJD002245454

Off-Site location Name

MARISOL INC

Off-Site Address

125 FACTORY LANE

City

MIDDLESEX

State

NJ

County

MIDDLESEX

Zip

08846-

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 159477	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

1 (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R		TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		07071SKCRP201PO		
		Toxic Chemical, Category or Generic Name		
		XYLENE (MIXED ISOMERS)		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)]				
1	NA	2		
3		4		
SECTION 7C. ON-SITE RECYCLING PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)]				
1.	NA	2.		
3.		4.		
5.		6.		
7.		8.		
9.		10.		
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES				
	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	63297	58049	30000
8.2	Quantity used for energy recovery onsite	NA	NA	NA
8.3	Quantity used for energy recovery offsite	144240	159477	160000
8.4	Quantity recycled onsite	NA	NA	NA
8.5	Quantity recycled offsite	0	0	0
8.6	Quantity treated onsite	NA	NA	NA
8.7	Quantity treated offsite	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		0	
8.9	Production ratio or activity index		0000000.98	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	W14	a. T01	b. T04	c. T06
8.10.2	W42	a. T01	b. T04	c. T06
8.10.3	NA	a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

(IMPORTANT: Type or print; read instructions before completing form)

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2001****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ANTHONY JURG

VICE PRESIDENT

06/28/2002

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 07071SKCRP201PO

Facility or Establishment Name
SIKA CORPORATION

Facility or Establishment Name or Mailing Address (if different from street address)

Street
201 POLITO AVENUE

Mailing Address

City/County/State/Zip Code
LYNDHURST BERGEN NJ 07071-

City/State/Zip Code

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DALE HEINZE Telephone Number (include area code)
(201) 933-8800

4.4 Public Contact Name DALE HEINZE Telephone Number (include area code)
(201) 933-8800

4.5 SIC Code (s) (4 digits) Primary a. 2891 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
40 48 20 074 06 30

4.7 Dun & Bradstreet Number(s) (9 digits) a. 002179893
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NJD002179893
4.9 Facility NPDES Permit Number(s) (9 characters) a. NJ0002011
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
 b. b. NJ0101389 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ SIKA AG

5.2 Parent Company's Dun & Bradstreet Number NA ☒

1996 CRTK DEQ094 FINAL VERSION

2002-13

S00441

COMMUNITY RIGHT TO KNOW SURVEY FOR 1996

For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

A

FACILITY LOCATION

0 2 9 4 4 8 0 0 0 0 0

2 8 9 1

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

ATTN: CHARLES P. LUGINBILL
SIKA CORP.
201 POLITO AVE.
LYNDHURST, NJ 07071

201 POLITO AVE.

See instructions if information on these forms is incorrect.

B Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A: 1. in any quantity? 2. above thresholds?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D Number of employees at facility 145
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E Number of facilities in New Jersey 1
			F Federal EIN 22-1594831
C Briefly describe the nature of the operations or business conducted at this facility: Manufacturer of construction adhesives, sealants, epoxies, and concrete admixtures.			G If you are claiming an R&D lab exemption for this facility, enter your approval number here.
H Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>			
I FACILITY EMERGENCY CONTACT			
Name A. JURG		Title VICE-PRESIDENT	
Facility Phone Number (201)933-8800		Emergency Contact Phone Number (201)933-8800	

**NOTE:** Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password _____

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Signature <u>Charles P. Luginbill</u>	Date <u>3/3/97</u>	Fax # <u>(614) 383-3586</u>	Phone # <u>(614) 387-9224</u>
Name <u>Charles P. Luginbill</u>		Title <u>Corp. Env. Engineer</u>	

RETURN SIGNED ORIGINAL TO:
NJDEP
Community Right To Know Survey
CN 405
Trenton, NJ 08625-0405You are required to send copies of this survey to the agencies.
listed on Page 23 of the instruction guide. You must also keep
a copy at your facility.

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2 1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Methyl Ethyl Ketone</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>1258</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>78-93-3</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1193</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>	
Name: <u>Methyl Ethyl Ketone</u>	(X) Fire	Container Type <u>CN</u>
Substance Number: <u>1258</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>78-93-3</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1193</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse (Bldg. 3)</u>	
Name: <u>Methanol</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>07-56-1</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1230</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>	
Name: <u>Methanol</u>	(X) Fire	Container Type <u>CN</u>
Substance Number: <u>1222</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>07-56-1</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1230</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>	
Name: <u>Formaldehyde</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>0946</u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>50-00-0</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1198</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm VT 10</u>	

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	3A Bag
T3 Below ground tank	3X Box
T1 Tank inside building	CY Cylinder
DS Steel drum	BG Bottles or jugs (glass)
DP Plastic drum	BP Bottles or jugs (plastic)
DF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure	
01	Ambient pressure
02	Greater than ambient pressure
03	Less than ambient pressure
Temperature	
04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

¹ "Ambient means "normal," "surrounding," or "room" conditions.

S00443

0 2 9 4 4 8 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Formaldehyde</u> Substance Number: <u>0946</u> CAS Number: <u>50-00-0</u> DOT Number: <u>1198</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>12 13</u> Avg. daily inventory <u>12 12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm T-164 T-11 V-1</u>		
Name: <u>Formic Acid</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DP</u> Max. daily inventory <u>(13)</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw materials Warehouse (1a, 1b) 2 Bldg.</u>		
Name: <u>Formic Acid</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>18</u> Avg. daily inventory <u>18</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm T-11</u>		
Name: <u>Toluene</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12 12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (bldg. 3b)</u>		
Name: <u>Toluene</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>12 12</u> Avg. daily inventory <u>12 12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	BA Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
OS Steel drum	BG Bottles or jugs (glass)
OP Plastic drum	BP Bottles or jugs (plastic)
OF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SL Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure

01	Ambient pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

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PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Butyl Benzyl Phthalate</u> Substance Number: <u>2896</u> CAS Number: <u>85-68-7</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>ns</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw Materials Warehouse (1a, 1b)</u>		
Name: <u>PVC</u> Substance Number: <u>3622</u> CAS Number: <u>9002-86-2</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw Materials Warehouse (1a, 1b)</u>		
Name: <u>Propane</u> Substance Number: <u>1594</u> CAS Number: <u>74-98-6</u> DOT Number: <u>1978</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid () or Gas (X) <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire (X) Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s) <u>Adjacent to Boiler Room (bldg 3a)</u>		
Name: <u>Bis (2 ethylhexyl) phthalate</u> Substance Number: <u>0238</u> CAS Number: <u>117-81-7</u> DOT Number: <u>---</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw materials Warehouse (1a, 1b)</u>		
Name: <u>Heating Oil</u> Substance Number: <u>2444</u> CAS Number: <u>---</u> DOT Number: <u>1993</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm - VT-1 + VT-2</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure	01 Ambient pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds		02 Greater than ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds		03 Less than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,001 to 500,000 pounds	Temperature	04 Ambient temperature
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds		05 Greater than ambient temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds		06 Less than ambient temperature but not cryogenic (freezing conditions)
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds		07 Cryogenic conditions (less than -200°C)
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds		
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds		
		11 11 to 100 pounds		
		10 1 to 10 pounds		
		09 Less than 1 pound		

¹ NOTE: Please see pages 14 thru 17 for gallons and cubic feet conversion factors.

"Ambient means "normal," "surrounding," or "room" conditions.

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ADDITIVE</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>2758</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>1632-00-0</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1700</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>C1</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>C4</u>
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>	

Name: <u>ADHESIVE</u>	() Fire	Container Type <u>OT-PLASTIC PAIL</u>
Substance Number: <u>4487</u>	() Sudden release of pressure	Max. daily inventory
CAS Number: <u>108-95-2</u>	() Reactive	Avg. daily inventory
DOT Number: <u>1671</u>	(X) Acute health effects	Days on site
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE</u>	

Name: <u>PVC</u>	(X) Fire	Container Type <u>BA</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>--</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>24</u>
Trade Secret: () Check if claiming	Location(s)	

Name: <u>FORMIC ACID</u>	() Fire	Container Type <u>CN</u>
Substance Number: <u>0945</u>	() Sudden release of pressure	Max. daily inventory <u>11</u>
CAS Number: <u>64-18-6</u>	() Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1719</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>24</u>
Trade Secret: () Check if claiming	Location(s) <u>FINISHED GOODS WAREHOUSE BLDG 3B</u>	

Name: <u>TOLUENE DIISOCYANATE</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. daily inventory <u>10</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. daily inventory <u>10</u>
DOT Number: <u>2078</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FLAMMABLE STORAGE ROOM (BLDG. 3b)</u>	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
		11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		10 1 to 100 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

DEQ-094

S00446

PART 2

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1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Toluene Diisocyanate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>2078</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>TDI storage area - Rear of Building 2 - 2nd Floor</u>	
Name: <u>Propane</u>	(X) Fire	Container Type <u>CY</u>
Substance Number: <u>1594</u>	(X) Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (X) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Southwest facility yard</u>	
Name: <u>Lithium Carbonate</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>1124</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>554-13-2</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	(X) None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Powders Mfg. & Finished Goods (bldg 3c)</u>	
Name: <u>Toluene Diisocyanate</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>3132</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>26471-62-5</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>2078</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Prepolymer tank bldg 2 2nd Floor</u>	
Name: <u>Sodium Nitrite</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>2258</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>7632-00-0</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1500</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw materials warehouse (1a, 1b)</u>	

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	BA Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
DS Steel drum	BG Bottles or jugs (glass)
DP Plastic drum	BP Bottles or jugs (plastic)
DF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

<u>Pressure</u>
01 Ambient pressure
02 Greater than ambient pressure
03 Less than ambient pressure
<u>Temperature</u>
04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200°C)

¹ Ambient means "normal," "surrounding," or "room" conditions.

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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SUBSTANCE DESCRIPTION**HAZARDS (Check all that apply)****INVENTORY INFORMATION**

Name: ME THANOL
Substance Number: 1222
CAS Number: 07-56-1
DOT Number: 1230
Pure () or Mixture (X) Check one
Solid () Liquid (X) or Gas () Check one
Trade Secret: () Check if claiming

(X) Fire
() Sudden release of pressure
() ~~Reactive~~
(X) Acute health effects
(X) Chronic health effects
() None per MSDS

Container Type 25
Max. daily inventory 13
Avg. daily inventory 13
Days on site 365
Storage pressure 0
Storage temperature 30

Location(s) FLAMMABLE STORAGE ROOM (BLDG. 3B)

Name: FORMALDEHYDE
Substance Number: 2906
CAS Number: 50-00-0
DOT Number: 1228
Pure () or Mixture (X) Check one
Solid () Liquid (X) or Gas () Check one
Trade Secret: () Check if claiming

() Fire
() Sudden release of pressure
() ~~Reactive~~
(X) Acute health effects
(X) Chronic health effects
() None per MSDS

Container Type 25
Max. daily inventory 10
Avg. daily inventory 10
Days on site 365
Storage pressure 01
Storage temperature 04

Location(s) FINISHED GOODS WAREHOUSE BLDG. 3B

Name: ME THANOL
Substance Number: 1222
CAS Number: 07-56-1
DOT Number: 1230
Pure () or Mixture (X) Check one
Solid () Liquid (X) or Gas () Check one
Trade Secret: () Check if claiming

(X) Fire
() Sudden release of pressure
() ~~Reactive~~
(X) Acute health effects
(X) Chronic health effects
() None per MSDS

Container Type TA
Max. daily inventory 14
Avg. daily inventory 13
Days on site 365
Storage pressure 01
Storage temperature 01

Location(s) VT-10 TANK ROOM

Name: FORMALIN
Substance Number: 2944
CAS Number: 64-18-6
DOT Number: 1779
Pure () or Mixture (X) Check one
Solid () Liquid (X) or Gas () Check one
Trade Secret: () Check if claiming

() Fire
() Sudden release of pressure
() ~~Reactive~~
() Acute health effects
(X) Chronic health effects
() None per MSDS

Container Type 25
Max. daily inventory 11
Avg. daily inventory 11
Days on site 365
Storage pressure 01
Storage temperature 20

Location(s) FINISHED GOODS WAREHOUSE (BLDG. 3)

Name: SODIUM NITRATE
Substance Number: 2258
CAS Number: 7632-00-0
DOT Number: 1500
Pure () or Mixture (X) Check one
Solid () Liquid (X) or Gas () Check one
Trade Secret: () Check if claiming

() Fire
() Sudden release of pressure
() ~~Reactive~~
(X) Acute health effects
(X) Chronic health effects
() None per MSDS

Container Type TA
Max. daily inventory 13
Avg. daily inventory 12
Days on site 365
Storage pressure 01
Storage temperature 04

Location(s) TANK ROOM T-20

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure 01 Ambient pressure 02 Greater than ambient pressure 03 Less than ambient pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C) *Ambient means "normal," "surrounding," or "room" conditions.
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	
		11 11 to 100 pounds	
		10 1 to 100 pounds	
		09 Less than 1 pound	
		¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	

DEQ-094

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201 POLITO AVE.

PART 2 1996 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Maleic Anhydrite</u> Substance Number: <u>1152</u> CAS Number: <u>9003-54-7</u> DOT Number: <u>---</u> Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> Raw Materials warehouse (1a, 1b) <u>200</u>
Name: <u>Aluminum Dust</u> Substance Number: <u>0054</u> CAS Number: <u>7429-90-5</u> DOT Number: <u>1383</u> Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	(X) Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> Powders Mfg. & Finished Goods (3C)
Name: <u>Isophorone diisocyanate</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure (X) or Mixture () Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> Raw Materials Warehouse (bldg 1a, 1b) <u>200</u>
Name: <u>Isophorone Diisocyanate</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> Prepolymer storage area (bldg. 2)
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u> Raw Materials warehouse (bldg 1a, 1b)

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	BA	20	Greater than 10 million pounds	Pressure	
TB	Below ground tank	BX	19	1,000,001 to 10 million pounds	01	Ambient* pressure
TI	Tank inside building	CY	18	500,001 to 1 million pounds	02	Greater than ambient pressure
DS	Steel drum	SG	17	250,001 to 500,000 pounds	03	Less than ambient pressure
DP	Plastic drum	BP	16	100,001 to 250,000 pounds	Temperature	
DF	Fiber drum	SN	15	50,001 to 100,000 pounds	04	Ambient temperature
CN	Can	TW	14	10,001 to 50,000 pounds	05	Greater than ambient temperature
CB	Carboy	RC	13	1,001 to 10,000 pounds	06	Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	12	101 to 1,000 pounds	07	Cryogenic conditions (less than -200°C)
			11	11 to 100 pounds		*Ambient means "normal," "surrounding," or "room" conditions.
			10	1 to 10 pounds		
			09	Less than 1 pound		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

DEC-094

S00449

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201 POLITO AVE.

PART 2 1996 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Tank Farm Behind Bldg 2</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365-275</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (bldg. 1a, 1b)</u> <input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Naphthalene</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Waste Storage pad</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Naphthalene</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Tank Farm + Bldg 2</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>123</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Tank farm T-22 + VT-6</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	BA Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
DS Steel drum	BG Bottles or jugs (glass)
OP Plastic drum	BP Bottles or jugs (plastic)
DF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure

01	Ambient ² pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

² Ambient means "normal," "surrounding," or "room" conditions.

S00450

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201 POLITO AVE.

PART 2 1996 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Waste Pad AND FLAMMABLES STORAGE ROOM (Bldg. 3 B)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Finished Goods warehouse (3b, 3c)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse (3b, 3c)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Finished Goods Warehouse (3b, 3c)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	Location(s) <u>Tank farm T-22 & VT-6</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	3A Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
DS Steel drum	3G Bottles or jugs (glass)
DP Plastic drum	3P Bottles or jugs (plastic)
OF Fiber drum	3N Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure	
01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure
Temperature	
04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

REG-054

S00451

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201 POLITO AVE.

PART 2 1996 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Waste Pad</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	Location(s) <u>finished goods warehouse (3b, 3c)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods warehouse (3b, 3c)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>14 / 3</u> Avg. daily inventory <u>14 / 3</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished Goods Warehouse (3a, 3b)</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Phenol</u> Substance Number: <u>1487</u> CAS Number: <u>108-95-2</u> DOT Number: <u>1671</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished goods warehouse (3b)</u> <input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	SA Bag
TB Below ground tank	SB Box
TI Tank inside building	SC Cylinder
OS Steel drum	SD Bottles or jugs (glass)
OP Plastic drum	SE Bottles or jugs (plastic)
OF Fiber drum	SN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure	
01	Ambient pressure
02	Greater than ambient pressure
03	Less than ambient pressure
Temperature	
04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

S00452

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201 POLITO AVE.

PART 2 1996 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Phenol</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>1487</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>108-95-2</u>	() Reactive	Avg. daily inventory <u>(13)</u>
DOT Number: <u>1671</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished goods warehouse (3b)</u>	
Name: <u>Phenol</u>	() Fire	Container Type <u>BX</u>
Substance Number: <u>1487</u>	() Sudden release of pressure	Max. daily inventory <u>18</u>
CAS Number: <u>108-95-2</u>	() Reactive	Avg. daily inventory <u>(18)</u>
DOT Number: <u>1671</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished goods warehouse (3b)</u>	
Name: <u>PVC</u>	(X) Fire <u>TUBES OF SEALANT</u>	Container Type <u>BX</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>1817</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>17</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished goods warehouse (3b, 3c)</u>	
Name: <u>PVC</u>	(X) Fire	Container Type <u>CN</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>(47) 15</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>(16) 15</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Finished goods warehouse (3b, 3c)</u>	
Name: <u>PVC</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>finished goods warehouse (3b, 3c)</u>	

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	3A Sag
TB Below ground tank	3X Box
TI Tank inside building	CY Cylinder
DS Steel drum	3G Bottles or jugs (glass)
DP Plastic drum	3P Bottles or jugs (plastic)
DF Fiber drum	3N Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure	
01	Ambient [*] pressure
02	Greater than ambient pressure
03	Less than ambient pressure
Temperature	
04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

^{*}Ambient means "normal," "surrounding," or "room" conditions.

S00453

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Page ____ of ____

SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ALUMINUM SULPHATE</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u> </u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>10043-01-3</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>1a, 1b</u>	
Name: <u>DIETHANOLAMINE</u>	<input type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>0686</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>1464-53-5</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1955</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>1a, 1b</u>	
Name: <u>DER 331 EPOXY RESIN</u>	<input type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u> </u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>25086-38-6</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>OUTSIDE 2 BLDG</u>	
Name: <u>UREA</u>	<input type="checkbox"/> Fire	Container Type <u>BA</u>
Substance Number: <u>57-13 6</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>57-13-6</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u> </u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>1a, 1b</u>	
Name: <u>VINYL PYRROLIDONE</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DR</u>
Substance Number: <u> </u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>88-12-0</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>UN 2810</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>1a, 1b 2nd Floor</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 100 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)	¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

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SIKA CORP.
201 POLITO AVE.
LYNDHURST TWP, NJ 07071

PART 2

1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>CALCIUM HYDROXIDE</u> Substance Number: _____ CAS Number: <u>1305-62-0</u> DOT Number: _____ Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>BLDG 1A, 1B</u>		
Name: <u>CARBON BLACK</u> Substance Number: _____ CAS Number: <u>1333-86-4</u> DOT Number: _____ Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>BLDG 1A, 1B, 3A</u>		
Name: <u>SODIUM ALUMINATE POWDER</u> Substance Number: _____ CAS Number: <u>1302-92-7</u> DOT Number: <u>UN 2812</u> Pure () or Mixture (X) Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>BLDG 1A, 1B</u>		
Name: <u>BENZYL ALCOHOL</u> Substance Number: _____ CAS Number: <u>100-51-6</u> DOT Number: _____ Pure (X) or Mixture () Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>BLDG 1A, 1B</u>		
Name: <u>ISOPHORONE DIAMINE</u> Substance Number: _____ CAS Number: <u>2855-13-2</u> DOT Number: <u>UN 2289</u> Pure () or Mixture () Check one Solid () Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>BLDG 1A, 1B</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C) *Ambient means "normal," "surrounding," or "room" conditions.
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	
		11 11 to 100 pounds	
		10 1 to 100 pounds	
		09 Less than 1 pound	
		¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>SODIUM HYDROXIDE</u>	() Fire	Container Type	<u>TI</u>	
Substance Number: _____	() Sudden release of pressure	Max. daily inventory	<u>14</u>	
CAS Number: <u>7732-18-5</u>	(X) Reactive	Avg. daily inventory	<u>13</u>	
DOT Number: <u>UN1824</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) Check one	() Chronic health effects	Storage pressure	<u>01</u>	
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>TANK 23 INSIDE BLDG 2</u>			
Name: <u>SULFANILIC ACID</u>	() Fire	Container Type	<u>DS</u>	
Substance Number: _____	(X) Sudden release of pressure	Max. daily inventory	<u>12</u>	
CAS Number: <u>7732-18-5</u>	(X) Reactive	Avg. daily inventory	<u>12</u>	
DOT Number: <u>UN1824</u>	(X) Acute health effects	Days on site	<u>365</u>	
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure	<u>01</u>	
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>1a 1b</u>			
Name: <u>CARBON BLACK</u>	() Fire	Container Type	<u>BA</u>	
Substance Number: _____	() Sudden release of pressure	Max. daily inventory	<u>14</u>	
CAS Number: <u>1333-86-4</u>	() Reactive	Avg. daily inventory	<u>14</u>	
DOT Number: _____	(X) Acute health effects	Days on site	<u>365</u>	
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure	<u>01</u>	
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>1a, 1b, 3a</u>			
Name: <u>TITANIUM DIOXIDE</u>	() Fire	Container Type	<u>BA</u>	
Substance Number: _____	() Sudden release of pressure	Max. daily inventory	<u>15</u>	
CAS Number: <u>13463-67-7</u>	() Reactive	Avg. daily inventory	<u>15</u>	
DOT Number: _____	(X) Acute health effects	Days on site	<u>365</u>	
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure	<u>01</u>	
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature	<u>04</u>	
Trade Secret: () Check if claiming	Location(s) <u>1a 1b 3c</u>			

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	BG Bottles or jugs (glass)	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	Temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	04 Ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	05 Greater than ambient temperature
SI Silo	OT Other (describe)	12 101 to 1,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
		11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
		10 1 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

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PART 2

1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>TRIETHYLENE TETRAAMINE</u> Substance Number: _____ CAS Number: _____ DOT Number: <u>447259</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container Type _____ Max. daily inventory _____ Avg. daily inventory _____ Days on site _____ Storage pressure _____ Storage temperature _____
Location(s) _____		
Name: <u>TRIETHYLENEDIAMINE</u> Substance Number: _____ CAS Number: <u>280-57-9</u> DOT Number: _____ Pure (X) or Mixture () <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type _____ Max. daily inventory <u>70</u> Avg. daily inventory <u>86</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) _____		
Name: <u>P-TOLUENESULFONIL ISOCYANATE</u> Substance Number: _____ CAS Number: <u>408364-1</u> DOT Number: _____ Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type _____ Max. daily inventory <u>25</u> Avg. daily inventory <u>14</u> Days on site <u>13</u> Storage pressure <u>365</u> Storage temperature <u>01</u> <u>04</u>
Location(s) <u>10, 16</u>		
Name: <u>CALCIUM OXIDE</u> Substance Number: _____ CAS Number: <u>1305-78-8</u> DOT Number: <u>UN1910</u> Pure (X) or Mixture () <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects () Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>10, 16</u>		
Name: <u>FOAMASTIC PORT-D VALVE</u> Substance Number: _____ CAS Number: _____ DOT Number: _____ Pure () or Mixture () <u>Check one</u> Solid () Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container Type _____ Max. daily inventory _____ Avg. daily inventory _____ Days on site _____ Storage pressure _____ Storage temperature _____
Location(s) _____		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank TB Below ground tank TI Tank inside building DS Steel drum DP Plastic drum DF Fiber drum CN Can CB Carboy SI Silo BA Bag BX Box CY Cylinder BG Bottles or jugs (glass) BP Bottles or jugs (plastic) BN Tote bin TW Tank Wagon RC Railcar OT Other (describe)	20 Greater than 10 million pounds 19 1,000,001 to 10 million pounds 18 500,001 to 1 million pounds 17 250,000 to 500,000 pounds 16 100,001 to 250,000 pounds 15 50,001 to 100,000 pounds 14 10,001 to 50,000 pounds 13 1,001 to 10,000 pounds 12 101 to 1,000 pounds 11 11 to 100 pounds 10 1 to 100 pounds 09 Less than 1 pound ¹ NOTE: Please see pages 14 thru 17 for gallon, & cubic feet conversion factors.	Pressure 01 Ambient* pressure 02 Greater than ambient pressure 03 Less than ambient pressure Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200 C) *Ambient means "normal," "surrounding," or "room" conditions.

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PART 2 1997 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1997

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>N-METHYL-2-PYRROLIDONE</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3216</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>872-50-4</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>—</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>1a 1b</u>	

Name: <u>SILICON DIOXIDE</u>	() Fire	Container Type <u>TI</u>
Substance Number: <u>—</u>	() Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>14808-60-7</u>	() Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>—</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>3C</u>	

Name: <u>SILICON DIOXIDE</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>—</u>	() Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>14808-60-7</u>	() Reactive	Avg. daily inventory <u>19</u>
DOT Number: <u>—</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>3C</u>	

Name: <u>SODIUM ALUMINATE</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>—</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1302-42-7</u>	() Reactive	Avg. daily inventory <u>19</u>
DOT Number: <u>—</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) <u>Check one</u>	() Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>1a 1b</u>	

Name: <u>—</u>	() Fire	Container Type <u>—</u>
Substance Number: <u>—</u>	() Sudden release of pressure	Max. daily inventory <u>—</u>
CAS Number: <u>—</u>	() Reactive	Avg. daily inventory <u>—</u>
DOT Number: <u>—</u>	() Acute health effects	Days on site <u>—</u>
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure <u>—</u>
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature <u>—</u>
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>—</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,000 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	<u>Temperature</u>
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BA Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BX Box	10 1 to 100 pounds	*Ambient means "normal," "surrounding," or "room"
CY Cylinder	09 Less than 1 pound	conditions.
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.

PART 2

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1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>OF BC+CN</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u> </u>
CAS Number: <u> </u>	() Reactive	Avg. daily inventory <u> </u>
DOT Number: <u> </u>	() Acute health effects	Days on site <u> </u>
Pure () or Mixture () Check one	() Chronic health effects	Storage pressure <u> </u>
Solid () Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u> </u>
Trade Secret: () Check if claiming	Location(s) <u>Q.C. Lab - building 2 - 3rd floor</u>	
Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>OF BG+CN</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory <u> </u>
CAS Number: <u> </u>	() Reactive	Avg. daily inventory <u> </u>
DOT Number: <u> </u>	() Acute health effects	Days on site <u> </u>
Pure () or Mixture () Check one	() Chronic health effects	Storage pressure <u> </u>
Solid () Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u> </u>
Trade Secret: () Check if claiming	Location(s) <u>Corporate Building - 201 R&D BUILDING 5</u>	
Name: <u>DISOCYANATES</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>375-7</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u> </u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FLAMMABLES ROOM (BLDG 3h)</u>	
Name: <u>TRIMETHYLBENZENE</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>2716</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>95-63-6</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1263</u>	() Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>FLAMMABLES ROOM (BLDG 3h)</u>	
Name: <u>TITANIUM DIOXIDE</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u> </u>	() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>13463-67-7</u>	() Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u> </u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>RAW MATERIALS WAREHOUSE (1b, 1c) 3c</u>	

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	3A Bag
TB Below ground tank	3X Box
TI Tank inside building	CY Cylinder
DS Steel drum	3G Bottles or jugs (glass)
OP Plastic drum	3P Bottles or jugs (plastic)
OF Fiber drum	3N Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure

01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

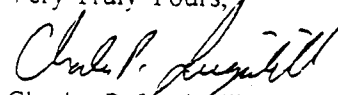
February 28, 1997

LYNDHURST FIRE DEPARTMENT
253 Stuyvesant Avenue
Lyndhurst, NJ 07071

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Luginbill

Attachments



ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00460



Central Engineering
North American Region

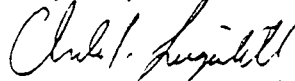
February 28, 1997

Bergen County Dept. of Health Services
Community Right to Know Coordinator
327 East Ridgewood Avenue
Paramus, NJ 07652-4895

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Luginbill

Attachments



1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00461

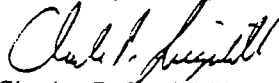
February 28, 1997

Lyndhurst Twp.
Mr. Walter Friedrichs
Local Emergency Planning Committee
Municipal Bldg.
Lyndhurst, NJ 07071

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Luginbill

Attachments



ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



Responsible Care
A Public Commitment

S00462

DO NOT USE - NO COVER LETTER IS ALLOWED FOR STATE SUBMITTAL

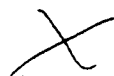
February 28, 1997

NJDEP
COMMUNITY RIGHT TO KNOW SURVEY
CN 405
Trenton, NJ 08625-0405

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Luginbill

Attachments

ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00463

COMMUNITY RIGHT TO KNOW SURVEY FOR 1996

For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

A

FACILITY LOCATION

0 2 9 4 4 8 0 0 0 0 0

2 8 9 1

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

ATTN: CHARLES P. LUGINBILL
SIKA CORP.
201 POLITO AVE.
LYNDHURST, NJ 07071

201 POLITO AVE.

See instructions if information on these forms is incorrect.

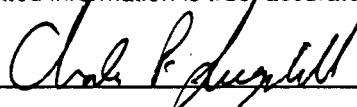
B Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A:	Yes	No	D Number of employees at facility 145
	1. in any quantity? <input checked="" type="checkbox"/>	<input type="checkbox"/>	E Number of facilities in New Jersey 1
2. above thresholds? <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F Federal EIN 22-1594831
C Briefly describe the nature of the operations or business conducted at this facility: Manufacturer of construction adhesives, sealants, epoxies, and concrete admixtures.			G If you are claiming an R&D lab exemption for this facility, enter your approval number here.
H Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>			
I FACILITY EMERGENCY CONTACT			
Name A. JURG		Title VICE-PRESIDENT	
Facility Phone Number (201)933-8800		Emergency Contact Phone Number (201)933-8800	

☒

NOTE: Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password _____

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Signature 	Date <u>3/3/97</u>	Fax # <u>(614) 383-3586</u>	Phone # <u>(614) 387-9224</u>
Name <u>Charles P. Luginbill</u>		Title <u>Corp. Env. Engineer</u>	

RETURN SIGNED ORIGINAL TO:
NJDEP
Community Right To Know Survey
CN 405
Trenton, NJ 08625-0405You are required to send copies of this survey to the agencies.
listed on Page 23 of the instruction guide. You must also keep
a copy at your facility.

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Methyl Ethyl Ketone</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>		
Name: <u>Methyl Ethyl Ketone</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (Bldg. 3)</u>		
Name: <u>Methanol</u> Substance Number: <u>1222</u> CAS Number: <u>07-56-1</u> DOT Number: <u>1230</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>		
Name: <u>Methanol</u> Substance Number: <u>1222</u> CAS Number: <u>07-56-1</u> DOT Number: <u>1230</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		
Name: <u>Formaldehyde</u> Substance Number: <u>0946</u> CAS Number: <u>50-00-0</u> DOT Number: <u>1198</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag		20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box		19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder		18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	3G Bottles or jugs (glass)		17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)		16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	BN Tote bin		15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon		14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar		13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	OT Other (Describe)		12 101 to 1,000 pounds	cryogenic (freezing conditions)
			11 11 to 100 pounds	07 Cryogenic conditions (less than -200°C)
			10 1 to 10 pounds	
			09 Less than 1 pound	
			NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.	
			*Ambient means "normal," "surrounding," or "room" conditions.	

S00465

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Formaldehyde</u> Substance Number: <u>0946</u> CAS Number: <u>50-00-0</u> DOT Number: <u>1198</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		
Name: <u>Formic Acid</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure (X) or Mixture () <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DP</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw materials Warehouse (1a, 1b)</u>		
Name: <u>Formic Acid</u> Substance Number: <u>0948</u> CAS Number: <u>64-18-6</u> DOT Number: <u>1779</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive () Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		
Name: <u>Toluene</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure (X) or Mixture () <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (bldg. 3b)</u>		
Name: <u>Toluene</u> Substance Number: <u>1866</u> CAS Number: <u>108-88-3</u> DOT Number: <u>1294</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	3A	3ag	20	Greater than 10 million pounds	Pressure
TB	Below ground tank	3X	Box	19	1,000,001 to 10 million pounds	01 Ambient pressure
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds	02 Greater than ambient pressure
DS	Steel drum	3G	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	03 Less than ambient pressure
DP	Plastic drum	3P	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds	Temperature
DF	Fiber drum	3N	Tote bin	15	50,001 to 100,000 pounds	04 Ambient temperature
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	05 Greater than ambient temperature
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
				11	11 to 100 pounds	
				10	1 to 10 pounds	
				09	Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00466

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2 1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Butyl Benzyl Phthalate</u>	() Fire	Container Type <u>ns</u>
Substance Number: <u>2896</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>85-68-7</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (1a,1b)</u>	
Name: <u>PVC</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (x) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (1a,1b)</u>	
Name: <u>Propane</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>1594</u>	(X) Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (X) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Adjacent to Boiler Room (bldg 3a)</u>	
Name: <u>Bis (2 ethylhexyl) phthalate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>0238</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>117-81-7</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw materials Warehouse (1a,1b)</u>	
Name: <u>Heating Oil</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>2444</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>---</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1993</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm</u>	

CONTAINER CODES AND DESCRIPTIONS				INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	SA	Bag	20	Greater than 10 million pounds	<u>Pressure</u>
TB	Below ground tank	SB	Box	19	1,000,001 to 10 million pounds	01 Ambient* pressure
TI	Tank inside building	EX	Box	18	500,001 to 1 million pounds	02 Greater than ambient pressure
OS	Steel drum	CY	Cylinder	17	250,001 to 500,000 pounds	03 Less than ambient pressure
OP	Plastic drum	3G	Bottles or jugs (glass)	16	100,001 to 250,000 pounds	<u>Temperature</u>
OF	Fiber drum	BP	Bottles or jugs (plastic)	15	50,001 to 100,000 pounds	04 Ambient temperature
CN	Can	BN	Tote bin	14	10,001 to 50,000 pounds	05 Greater than ambient temperature
CB	Carboy	TW	Tank Wagon	13	1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	RC	Railcar	12	101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
		OT	Other (Describe)	11	11 to 100 pounds	
				10	1 to 10 pounds	
				09	Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00467

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Toluene Diisocyanate</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>TDI storage area - Rear of Building 2</u>		
Name: <u>Propane</u> Substance Number: <u>1594</u> CAS Number: <u>74-98-6</u> DOT Number: <u>1978</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid () or Gas (X) <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire (X) Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container Type <u>CY</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s) <u>Southwest facility yard</u>		
Name: <u>Lithium Carbonate</u> Substance Number: <u>1124</u> CAS Number: <u>554-13-2</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive () Acute health effects () Chronic health effects (X) None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Powders Mfg. & Finished Goods (bldg 3c)</u>		
Name: <u>Toluene Diisocyanate</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Prepolymer tank bldg 2</u>		
Name: <u>Sodium Nitrite</u> Substance Number: <u>2258</u> CAS Number: <u>7632-00-0</u> DOT Number: <u>1500</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw materials warehouse (1a,1b)</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	3A	20	Greater than 10 million pounds	Pressure	
TB	Below ground tank	3X	19	1,000,001 to 10 million pounds	01	Ambient* pressure
TI	Tank inside building	CY	18	500,001 to 1 million pounds	02	Greater than ambient pressure
OS	Steel drum	3G	17	250,001 to 500,000 pounds	03	Less than ambient pressure
OP	Plastic drum	BP	16	100,001 to 250,000 pounds	Temperature	
OF	Fiber drum	BN	15	50,001 to 100,000 pounds	04	Ambient temperature
CN	Can	TW	14	10,001 to 50,000 pounds	05	Greater than ambient temperature
CB	Carboy	RC	13	1,001 to 10,000 pounds	06	Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	12	101 to 1,000 pounds	07	Cryogenic conditions (less than -200°C)
			11	11 to 100 pounds		
			10	1 to 10 pounds		
			09	Less than 1 pound		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00468

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PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Maleic Anhydrite</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>1152</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9003-54-7</u>	(X) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials warehouse (1a,1b)</u>	
Name: <u>Aluminum Dust</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>0054</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>7429-90-5</u>	(X) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1383</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Powders Mfg. & Finished Goods (3C)</u>	
Name: <u>Isophorone diisocyanate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>1068</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>4098-71-9</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>2290</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (bldg 1a,1b)</u>	
Name: <u>Isophorone Diisocyanate</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>1068</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>4098-71-9</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>2290</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Prepolymer storage area (bldg.2)</u>	
Name: <u>Diisocyanates</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Rsw Materials warehouse (bldg 1a,1b)</u>	

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	BA	20	Greater than 10 million pounds	Pressure	
TB	Below ground tank	BX	19	1,000,001 to 10 million pounds	01	Ambient* pressure
TI	Tank inside building	CY	18	500,001 to 1 million pounds	02	Greater than ambient pressure
DS	Steel drum	3G	17	250,001 to 500,000 pounds	03	Less than ambient pressure
OP	Plastic drum	BP	16	100,001 to 250,000 pounds	Temperature	
OF	Fiber drum	BN	15	50,001 to 100,000 pounds	04	Ambient temperature
CN	Can	TW	14	10,001 to 50,000 pounds	05	Greater than ambient temperature
CB	Carboy	RC	13	1,001 to 10,000 pounds	06	Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	12	101 to 1,000 pounds	07	Cryogenic conditions (less than -200°C)
			11	11 to 100 pounds		
			10	1 to 10 pounds		
			09	Less than 1 pound		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

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PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Diisocyanates</u>		(X) Fire	Container Type <u>TA</u>
Substance Number: <u>3757</u>		() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>		() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>---</u>		(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one		(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one		() None per MSDS	Storage temperature <u>05</u>
Trade Secret: () Check if claiming		Location(s) <u>Tank Farm Behind Bldg 2</u>	
Name: <u>Diisocyanates</u>		() Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>		() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>		() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>---</u>		(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one		(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one		() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Raw Materials Warehouse (bldg. 1a, 1b)</u>	
Name: <u>Naphthalene</u>		(X) Fire	Container Type <u>DS</u>
Substance Number: <u>1322</u>		() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>91-20-3</u>		() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1334</u>		(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one		(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one		() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Waste Storage pad</u>	
Name: <u>Naphthalene</u>		(X) Fire	Container Type <u>TA</u>
Substance Number: <u>1322</u>		() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>91-20-3</u>		() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1334</u>		(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one		(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one		() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Tank Farm</u>	
Name: <u>Xylene</u>		(X) Fire	Container Type <u>TA</u>
Substance Number: <u>2014</u>		() Sudden release of pressure	Max. daily inventory <u>15</u>
CAS Number: <u>1330-20-7</u>		() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>1307</u>		(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one		(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one		() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Tank farm</u>	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
OS Steel drum	BG Bottles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
OF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

S00470

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PART 2 1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Waste Pad</u>	
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods warehouse (3b, 3c)</u>	
Name: <u>xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>CN</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse (3b, 3c)</u>	
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse (3b, 3c)</u>	
Name: <u>Ethylbenzene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Tank farm</u>	

CONTAINER CODES AND DESCRIPTIONS				INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	BA	Bag	20	Greater than 10 million pounds	<u>Pressure</u>	
TB	Below ground tank	BX	Box	19	1,000,001 to 10 million pounds	01	Ambient* pressure
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds	02	Greater than ambient pressure
DS	Steel drum	BG	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	03	Less than ambient pressure
DP	Plastic drum	BP	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds	<u>Temperature</u>	
DF	Fiber drum	BN	Tote bin	15	50,001 to 100,000 pounds	04	Ambient temperature
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	05	Greater than ambient temperature
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds	06	Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds	07	Cryogenic conditions (less than -200°C)
				11	11 to 100 pounds		
				10	1 to 10 pounds		
				09	Less than 1 pound		
				¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.		*Ambient means "normal," "surrounding," or "room" conditions.	

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PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Waste Pad</u>		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>finished goods warehouse (3b, 3c)</u>		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods warehouse (3b, 3c)</u>		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <u>Check one</u> Solid (X) Liquid () or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (3a, 3b)</u>		
Name: <u>Phenol</u> Substance Number: <u>1487</u> CAS Number: <u>108-95-2</u> DOT Number: <u>1671</u> Pure () or Mixture (X) <u>Check one</u> Solid () Liquid (X) or Gas () <u>Check one</u> Trade Secret: () <u>Check if claiming</u>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished goods warehouse (3b)</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
OS Steel drum	BG Bottles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
OF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00472

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PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Phenol</u>	<input type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>1487</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>108-95-2</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1671</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished goods warehouse (3b)</u>	
Name: <u>Phenol</u>	<input type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>1487</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>108-95-2</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1671</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished goods warehouse (3b)</u>	
Name: <u>PVC</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>18</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>17</u>
DOT Number: <u>---</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished goods warehouse (3b, 3c)</u>	
Name: <u>PVC</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>CN</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>---</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished goods warehouse (3b, 3c)</u>	
Name: <u>PVC</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>3622</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9002-86-2</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>---</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>finished goods warehouse (3b, 3c)</u>	

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA	Above ground tank	3A	3ag	Pressure
TB	Below ground tank	3X	3ox	
TI	Tank inside building	CY	Cylinder	
DS	Steel drum	3G	Bottles or jugs (glass)	Temperature
DP	Plastic drum	3P	Bottles or jugs (plastic)	
DF	Fiber drum	3N	Tote bin	
CN	Can	TW	Tank Wagon	
CB	Carboy	RC	Railcar	
SI	Silo	OT	Other (Describe)	
			20	Greater than 10 million pounds
			19	1,000,001 to 10 million pounds
			18	500,001 to 1 million pounds
			17	250,001 to 500,000 pounds
			16	100,001 to 250,000 pounds
			15	50,001 to 100,000 pounds
			14	10,001 to 50,000 pounds
			13	1,001 to 10,000 pounds
			12	101 to 1,000 pounds
			11	11 to 100 pounds
			10	1 to 10 pounds
			09	Less than 1 pound
			NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.	
			*Ambient means "normal," "surrounding," or "room" conditions.	

PART 2

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Q.C. Lab - building 2</u>	
Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>	Location(s) <u>Corporate Building - 201</u>	
Name: _____	() Fire	Container Type _____
Substance Number: _____	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>	Location(s) _____	
Name: _____	() Fire	Container Type _____
Substance Number: _____	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>	Location(s) _____	
Name: _____	() Fire	Container Type _____
Substance Number: _____	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>	() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>	Location(s) _____	

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	3A	Bag	20	Greater than 10 million pounds	Pressure
TB	Below ground tank	3X	Box	19	1,000,001 to 10 million pounds	01 Ambient* pressure
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds	02 Greater than ambient pressure
DS	Steel drum	3G	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	03 Less than ambient pressure
OP	Plastic drum	3P	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds	Temperature
DF	Fiber drum	3N	Tote bin	15	50,001 to 100,000 pounds	04 Ambient temperature
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	05 Greater than ambient temperature
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
				11	11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
				10	1 to 10 pounds	
				09	Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

S00474

File - Env. Lyndhurst



Central Engineering
North American Region

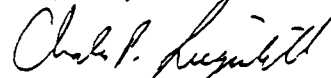
February 28, 1997

LYNDHURST POLICE DEPARTMENT
253 Stuyvesant Avenue
Lyndhurst, NJ 07071

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,


Charles P. Luginbill

Attachments

ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00475



Central Engineering
North American Region

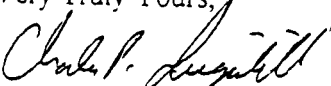
February 28, 1997

LYNDHURST FIRE DEPARTMENT
253 Stuyvesant Avenue
Lyndhurst, NJ 07071

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,


Charles P. Luginbill

Attachments

ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040

Responsible Care
A Public Commitment

S00476

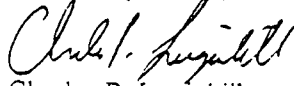
February 28, 1997

Bergen County Dept. of Health Services
Community Right to Know Coordinator
327 East Ridgewood Avenue
Paramus, NJ 07652-4895

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Luginbill

Attachments



ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00477

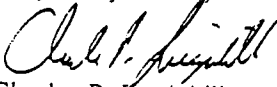
February 28, 1997

Lyndhurst Twp.
Mr. Walter Friedrichs
Local Emergency Planning Committee
Municipal Bldg.
Lyndhurst, NJ 07071

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Euginbill

Attachments



ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



Responsible Care
A Public Commitment

S00478



Central Engineering
North American Region

DO NOT USE - NO COVER LETTER IS ALLOWED FOR STATE SUBMITTAL


February 28, 1997

NJDEP
COMMUNITY RIGHT TO KNOW SURVEY
CN 405
Trenton, NJ 08625-0405

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,


Charles P. Luginbill

Attachments

ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00479

COMMUNITY RIGHT TO KNOW SURVEY FOR 1996

For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

A

FACILITY LOCATION

0 2 9 4 4 8 0 0 0 0 0

2 8 9 1

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

ATTN: CHARLES P. LUGINBILL
SIKA CORP.
201 POLITO AVE.
LYNDHURST, NJ 07071

201 POLITO AVE.

See instructions if information on these forms is incorrect.

B Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A: 1. in any quantity? 2. above thresholds?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D Number of employees at facility 145
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E Number of facilities in New Jersey 1
			F Federal EIN 22-1594831
C Briefly describe the nature of the operations or business conducted at this facility: Manufacturer of construction adhesives, sealants, epoxies, and concrete admixtures.			G If you are claiming an R&D lab exemption for this facility, enter your approval number here.
H Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>			
I FACILITY EMERGENCY CONTACT Name A. JURG Title VICE-PRESIDENT Facility Phone Number (201)933-8800 Emergency Contact Phone Number (201)933-8800			

**NOTE:** Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password _____

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.		
Signature <u>Charles P. Luginbill</u>	Date <u>3/3/97</u>	Fax # <u>(614) 383-3586</u>
Name <u>Charles P. Luginbill</u>	Title <u>Corp. Env. Engineer</u>	

RETURN SIGNED ORIGINAL TO:
NJDEP
Community Right To Know Survey
CN 405
Trenton, NJ 08625-0405You are required to send copies of this survey to the agencies.
listed on Page 23 of the instruction guide. You must also keep
a copy at your facility.

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Methyl Ethyl Ketone</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>ns</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>		
Name: <u>Methyl Ethyl Ketone</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (Bldg. 3)</u>		
Name: <u>Methanol</u> Substance Number: <u>1222</u> CAS Number: <u>07-56-1</u> DOT Number: <u>1230</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>		
Name: <u>Methanol</u> Substance Number: <u>1222</u> CAS Number: <u>07-56-1</u> DOT Number: <u>1230</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		
Name: <u>Formaldehyde</u> Substance Number: <u>0946</u> CAS Number: <u>50-00-0</u> DOT Number: <u>1198</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
JS Steel drum	BG Bottles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
OF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00481

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Formaldehyde</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>TA</u>
Substance Number: <u>0946</u>			Max. daily inventory	<u>12</u>
CAS Number: <u>50-00-0</u>			Avg. daily inventory	<u>12</u>
DOT Number: <u>1198</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Tank Farm</u>		
Name: <u>Formic Acid</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input checked="" type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>DP</u>
Substance Number: <u>0948</u>			Max. daily inventory	<u>13</u>
CAS Number: <u>64-18-6</u>			Avg. daily inventory	<u>13</u>
DOT Number: <u>1779</u>			Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Raw materials Warehouse (1a, 1b)</u>		
Name: <u>Formic Acid</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>TA</u>
Substance Number: <u>0948</u>			Max. daily inventory	<u>13</u>
CAS Number: <u>64-18-6</u>			Avg. daily inventory	<u>12</u>
DOT Number: <u>1779</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Tank Farm</u>		
Name: <u>Toluene</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>DS</u>
Substance Number: <u>1866</u>			Max. daily inventory	<u>13</u>
CAS Number: <u>108-88-3</u>			Avg. daily inventory	<u>13</u>
DOT Number: <u>1294</u>			Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Flammable Storage Room (bldg. 3b)</u>		
Name: <u>Toluene</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>CN</u>
Substance Number: <u>1866</u>			Max. daily inventory	<u>13</u>
CAS Number: <u>108-88-3</u>			Avg. daily inventory	<u>13</u>
DOT Number: <u>1294</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
OS Steel drum	BG Bottles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	BP Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	<u>Temperature</u>
OF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2 1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Butyl Benzyl Phthalate</u>	() Fire	Container Type <u>ns</u>
Substance Number: <u>2896</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>85-68-7</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (1a, 1b)</u>	
Name: <u>PVC</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>3622</u>	() Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>9002-86-2</u>	() Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (1a, 1b)</u>	
Name: <u>Propane</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>1594</u>	(X) Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>74-98-6</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1978</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>02</u>
Solid () Liquid () or Gas (X) Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Adjacent to Boiler Room (bldg 3a)</u>	
Name: <u>Bis (2 ethylhexyl) phthalate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>0238</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>117-81-7</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw materials Warehouse (1a, 1b)</u>	
Name: <u>Heating Oil</u>	(X) Fire	Container Type <u>TA</u>
Substance Number: <u>2444</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>---</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1993</u>	() Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	() Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Tank Farm</u>	

CONTAINER CODES AND DESCRIPTIONS				INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	BA	Bag	20	Greater than 10 million pounds	<u>Pressure</u>
TB	Below ground tank	BX	Box	19	1,000,001 to 10 million pounds	01 Ambient* pressure
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds	02 Greater than ambient pressure
DS	Steel drum	SG	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	03 Less than ambient pressure
DP	Plastic drum	BP	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds	<u>Temperature</u>
DF	Fiber drum	BN	Tote bin	15	50,001 to 100,000 pounds	04 Ambient temperature
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	05 Greater than ambient temperature
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
				11	11 to 100 pounds	
				10	1 to 10 pounds	
				09	Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

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PART 2

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SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Toluene Diisocyanate</u>		<input type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>3132</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>26471-62-5</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>2078</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas () Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>TDI storage area - Rear of Building 2</u>		
Name: <u>Propane</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>CY</u>
Substance Number: <u>1594</u>		<input checked="" type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>74-98-6</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>1978</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>02</u>
Solid () Liquid () or Gas (X) Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Southwest facility yard</u>		
Name: <u>Lithium Carbonate</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: <u>1124</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>554-13-2</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>---</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () Check one		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid (X) Liquid () or Gas () Check one		<input checked="" type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Powders Mfg. & Finished Goods (bldg 1c)</u>		
Name: <u>Toluene Diisocyanate</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>TA</u>
Substance Number: <u>3132</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number: <u>26471-62-5</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>2078</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X) Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas () Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Prepolymer tank bldg 2</u>		
Name: <u>Sodium Nitrite</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: <u>2258</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>7632-00-0</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>1500</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid (X) Liquid () or Gas () Check one		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () Check if claiming		Location(s) <u>Raw materials warehouse (1a, 1b)</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag		20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	BX Box		19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder		18 500,001 to 1 million pounds	02 Greater than ambient pressure
OS Steel drum	3G Bottles or jugs (glass)		17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	3P Bottles or jugs (plastic)		16 100,001 to 250,000 pounds	<u>Temperature</u>
OF Fiber drum	3N Tote bin		15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon		14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar		13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	OT Other (Describe)		12 101 to 1,000 pounds	cryogenic (freezing conditions)
			11 11 to 100 pounds	07 Cryogenic conditions (less than -200°C)
			10 1 to 10 pounds	
			09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Maleic Anhydrite</u>	() Fire	Container Type <u>BA</u>
Substance Number: <u>1152</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>9003-54-7</u>	(X) Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials warehouse (1a,1b)</u>	
Name: <u>Aluminum Dust</u>	(X) Fire	Container Type <u>DS</u>
Substance Number: <u>0054</u>	() Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>7429-90-5</u>	(X) Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>1383</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid (X) Liquid () or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Powders Mfg. & Finished Goods (3C)</u>	
Name: <u>Isophorone diisocyanate</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>1068</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>4098-71-9</u>	() Reactive	Avg. daily inventory <u>14</u>
DOT Number: <u>2290</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Raw Materials Warehouse (bldg 1a,1b)</u>	
Name: <u>Isophorone Diisocyanate</u>	() Fire	Container Type <u>TA</u>
Substance Number: <u>1068</u>	() Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>4098-71-9</u>	() Reactive	Avg. daily inventory <u>12</u>
DOT Number: <u>2290</u>	(X) Acute health effects	Days on site <u>365</u>
Pure () or Mixture (X) Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Prepolymer storage area (bldg.2)</u>	
Name: <u>Diisocyanates</u>	() Fire	Container Type <u>DS</u>
Substance Number: <u>3757</u>	() Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N120</u>	() Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>---</u>	(X) Acute health effects	Days on site <u>365</u>
Pure (X) or Mixture () Check one	(X) Chronic health effects	Storage pressure <u>01</u>
Solid () Liquid (X) or Gas () Check one	() None per MSDS	Storage temperature <u>04</u>
Trade Secret: () Check if claiming	Location(s) <u>Rsw Materials warehouse (bldg 1a,1b)</u>	

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure	
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds		
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds		
DS Steel drum	3G Bottles or jugs (glass)	17 250,001 to 500,000 pounds	Temperature	
DP Plastic drum	3P Bottles or jugs (plastic)	16 100,001 to 250,000 pounds		
DF Fiber drum	BN Tote bin	15 50,001 to 100,000 pounds		
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	04 Ambient temperature	
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	05 Greater than ambient temperature	
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)	
		11 11 to 100 pounds	07 Cryogenic conditions (less than -200°C)	
		10 1 to 10 pounds		
		09 Less than 1 pound		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Location(s) <u>Tank Farm Behind Bldg 2</u>		
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw Materials Warehouse (bldg. 1a, 1b)</u>		
Name: <u>Naphthalene</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Waste Storage pad</u>		
Name: <u>Naphthalene</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank farm</u>		

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	BA Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
OS Steel drum	BG Bottles or jugs (glass)
OP Plastic drum	BP Bottles or jugs (plastic)
OF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure

01	Ambient pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

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PART 2

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid () Liquid <input checked="" type="checkbox"/> or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Waste Pad</u>		
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid <input checked="" type="checkbox"/> Liquid () or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods warehouse (3b, 3c)</u>		
Name: <u>xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid <input checked="" type="checkbox"/> Liquid () or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>15</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (3b, 3c)</u>		
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid <input checked="" type="checkbox"/> Liquid () or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (3b, 3c)</u>		
Name: <u>Ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid () Liquid <input checked="" type="checkbox"/> or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank farm</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag		20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box		19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder		18 500,001 to 1 million pounds	02 Greater than ambient pressure
OS Steel drum	BG Bottles or jugs (glass)		17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	BP Bottles or jugs (plastic)		16 100,001 to 250,000 pounds	Temperature
OF Fiber drum	BN Tote bin		15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon		14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar		13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (Describe)		12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
			11 11 to 100 pounds	
			10 1 to 10 pounds	
			09 Less than 1 pound	

¹NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

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Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS Waste Pad	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>finished goods warehouse (3b, 3c)</u>	
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>Finished Goods warehouse (3b, 3c)</u>	
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture (X) <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>Finished Goods Warehouse (3a, 3b)</u>	
Name: <u>Phenol</u> Substance Number: <u>1487</u> CAS Number: <u>108-95-2</u> DOT Number: <u>1671</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s)	<u>Finished goods warehouse (3b)</u>	

CONTAINER CODES AND DESCRIPTIONS

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
OS	Steel drum	BG	Bottles or jugs (glass)
OP	Plastic drum	BP	Bottles or jugs (plastic)
OF	Fiber drum	BN	Tote bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure	
01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure
Temperature	
04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Phenol</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>DS</u>
Substance Number: <u>1487</u>			Max. daily inventory	<u>13</u>
CAS Number: <u>108-95-2</u>			Avg. daily inventory	<u>13</u>
DOT Number: <u>1671</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b)</u>		
Name: <u>Phenol</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>BX</u>
Substance Number: <u>1487</u>			Max. daily inventory	<u>12</u>
CAS Number: <u>108-95-2</u>			Avg. daily inventory	<u>12</u>
DOT Number: <u>1671</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b)</u>		
Name: <u>PVC</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>BX</u>
Substance Number: <u>3622</u>			Max. daily inventory	<u>18</u>
CAS Number: <u>9002-86-2</u>			Avg. daily inventory	<u>17</u>
DOT Number: <u>---</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b, 3c)</u>		
Name: <u>PVC</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>CN</u>
Substance Number: <u>3622</u>			Max. daily inventory	<u>17</u>
CAS Number: <u>9002-86-2</u>			Avg. daily inventory	<u>16</u>
DOT Number: <u>---</u>			Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b, 3c)</u>		
Name: <u>PVC</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>DS</u>
Substance Number: <u>3622</u>			Max. daily inventory	<u>14</u>
CAS Number: <u>9002-86-2</u>			Avg. daily inventory	<u>14</u>
DOT Number: <u>---</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>finished goods warehouse (3b, 3c)</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA	Above ground tank	BA	Bag	Pressure 01 Ambient pressure 02 Greater than ambient pressure 03 Less than ambient pressure
TB	Below ground tank	BX	Box	
TI	Tank inside building	CY	Cylinder	
OS	Steel drum	BG	Bottles or jugs (glass)	Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200°C)
OP	Plastic drum	BP	Bottles or jugs (plastic)	
OF	Fiber drum	BN	Tote bin	
CN	Can	TW	Tank Wagon	
CB	Carboy	RC	Railcar	
SI	Silo	OT	Other (Describe)	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

S00489

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature _____
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Q.C. Lab - building 2</u>	
Name: <u>Samples of Reported Substances</u>	() Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature _____
Trade Secret: () <u>Check if claiming</u>	Location(s) <u>Corporate Building - 201</u>	
Name: _____	() Fire	Container Type _____
Substance Number: _____	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature _____
Trade Secret: () <u>Check if claiming</u>	Location(s) _____	
Name: _____	() Fire	Container Type _____
Substance Number: _____	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature _____
Trade Secret: () <u>Check if claiming</u>	Location(s) _____	
Name: _____	() Fire	Container Type _____
Substance Number: _____	() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____	() Reactive	Avg. daily inventory _____
DOT Number: _____	() Acute health effects	Days on site _____
Pure () or Mixture () <u>Check one</u>	() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <u>Check one</u>	() None per MSDS	Storage temperature _____
Trade Secret: () <u>Check if claiming</u>	Location(s) _____	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	16 100,001 to 250,000 pounds	<u>Temperature</u>
OF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	12 101 to 1,000 pounds	cryogenic (freezing conditions)
3A Bag	11 11 to 100 pounds	07 Cryogenic conditions (less than -200°C)
3X Box	10 1 to 10 pounds	*Ambient means "normal," "surrounding," or "room"
CY Cylinder	09 Less than 1 pound	conditions.
3G Bottles or jugs (glass)		
3P Bottles or jugs (plastic)		
3N Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (Describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

S00490

July 24, 1997

Attn: Mr. Michael Antonicelli
Twp. of Lyndhurst, Dept. of Fire Safety
253 Stuyvesant Avenue
Lyndhurst, New Jersey 07071

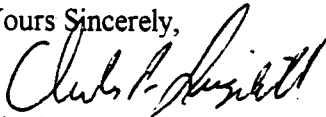
Re: 1996 Community Right to Know Report (form DEQ-097)

Dear Mr. Antonicelli,

Enclosed please find another completed copy of Sika Corporation's 1996 Community Right-to-Know Report (form DEQ-097). Per our conversation today, I will send all future Right-to-Know reports directly to your attention to assure that you are the recipient of the report.

If I can assist you further in this matter, please contact me at 201-933-8800 ex. 320.

Yours Sincerely,



Charles P. Luginbill
Corporate Environmental Engineer

Attachment

cc w/o attachment: A. Jurg



Central Engineering
North American Region

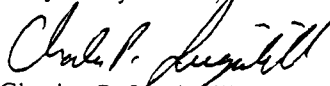
February 28, 1997

LYNDHURST FIRE DEPARTMENT
253 Stuyvesant Avenue
Lyndhurst, NJ 07071

To Whom It May Concern:

Attached please find the 1996 Community Right to Know Survey for Sika Corporation's facility located at 201 Polito Avenue, Lyndhurst, New Jersey 07071.

Very Truly Yours,



Charles P. Luginbill

Attachments



ISO 9000

1682 Marion Williamsport Rd.
Marion, Ohio 43302
Telephone 614-387-9224
Fax 614-382-6454

201 Polito Avenue
Lyndhurst, New Jersey 07071
Telephone 201-933-8800
Fax 201-804-1040



S00492

COMMUNITY RIGHT TO KNOW SURVEY FOR 1996

For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

(A)

FACILITY LOCATION

0 2 9 4 4 8 0 0 0 0 0

2 8 9 1

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

ATTN: CHARLES P. LUGINBILL
SIKA CORP.
201 POLITO AVE.
LYNDHURST, NJ 07071

201 POLITO AVE.

See instructions if information on these forms is incorrect.

(B) Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A: 1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(D) Number of employees at facility 145 (E) Number of facilities in New Jersey 1 (F) Federal EIN 22-1594831
(H) Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>	
(I) FACILITY EMERGENCY CONTACT Name A. JURG Title VICE-PRESIDENT Facility Phone Number (201)933-8800 Emergency Contact Phone Number (201)933-8800	

☒

NOTE: Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(Electronic Submittal Only)

Password _____

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature Charles P. Luginbill Date 3/3/97 Fax # (614) 383-3586
 Name Charles P. Luginbill Title Corp. Env. Engineer Phone # (614) 387-9224

RETURN SIGNED ORIGINAL TO:
NJDEP
Community Right To Know Survey
CN 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Methyl Ethyl Ketone</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>		
Name: <u>Methyl Ethyl Ketone</u> Substance Number: <u>1258</u> CAS Number: <u>78-93-3</u> DOT Number: <u>1193</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (Bldg. 3)</u>		
Name: <u>Methanol</u> Substance Number: <u>1222</u> CAS Number: <u>07-56-1</u> DOT Number: <u>1230</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Flammable Storage Room (Bldg. 3b)</u>		
Name: <u>Methanol</u> Substance Number: <u>1222</u> CAS Number: <u>07-56-1</u> DOT Number: <u>1230</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		
Name: <u>Formaldehyde</u> Substance Number: <u>0946</u> CAS Number: <u>50-00-0</u> DOT Number: <u>1198</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	16 100,001 to 250,000 pounds	Temperature
OF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
BA Bag	11 11 to 100 pounds	
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)		
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (Describe)		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

0 2 9 4 4 8 0 0 0 0

0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Formaldehyde</u>		<input type="checkbox"/> Fire	Container Type	TA
Substance Number: <u>0946</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	12
CAS Number: <u>50-00-0</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	12
DOT Number: <u>1198</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	365
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	01
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	04
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Tank Farm</u>		
Name: <u>Formic Acid</u>		<input type="checkbox"/> Fire	Container Type	DP
Substance Number: <u>0948</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	13
CAS Number: <u>64-18-6</u>		<input checked="" type="checkbox"/> Reactive	Avg. daily inventory	13
DOT Number: <u>1779</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	365
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	01
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	04
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Raw materials Warehouse (1a, 1b)</u>		
Name: <u>Formic Acid</u>		<input type="checkbox"/> Fire	Container Type	TA
Substance Number: <u>0948</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	13
CAS Number: <u>64-18-6</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	12
DOT Number: <u>1779</u>		<input type="checkbox"/> Acute health effects	Days on site	365
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	01
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	04
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Tank Farm</u>		
Name: <u>Toluene</u>		<input checked="" type="checkbox"/> Fire	Container Type	DS
Substance Number: <u>1866</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	13
CAS Number: <u>108-88-3</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	13
DOT Number: <u>1294</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	365
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	01
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	04
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Flammable Storage Room (bldg. 3b)</u>		
Name: <u>Toluene</u>		<input checked="" type="checkbox"/> Fire	Container Type	CN
Substance Number: <u>1866</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	13
CAS Number: <u>108-88-3</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	13
DOT Number: <u>1294</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	365
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	01
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one		<input type="checkbox"/> None per MSDS	Storage temperature	04
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished Goods Warehouse (bldg. 3)</u>		

CONTAINER CODES AND DESCRIPTIONS				INVENTORY RANGE CODES ¹		STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	3A	Bag	20	Greater than 10 million pounds	Pressure 01 Ambient pressure 02 Greater than ambient pressure 03 Less than ambient pressure	
TB	Below ground tank	3X	Box	19	1,000,001 to 10 million pounds		
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds		
DS	Steel drum	3G	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	Temperature 04 Ambient temperature 05 Greater than ambient temperature 06 Less than ambient temperature but not cryogenic (freezing conditions) 07 Cryogenic conditions (less than -200°C)	
DP	Plastic drum	3P	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds		
OF	Fiber drum	BN	Tote bin	15	50,001 to 100,000 pounds		
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	*Ambient means "normal," "surrounding," or "room" conditions.	
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds		
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds		
				11	11 to 100 pounds		
				10	1 to 10 pounds		
				09	Less than 1 pound		

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

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Please type all responses.

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SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Butyl Benzyl Phthalate</u>		<input type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>2896</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>85-68-7</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>---</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () <i>Check one</i>		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas () <i>Check one</i>		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Raw Materials Warehouse (1a, 1b)</u>		
Name: <u>PVC</u>		<input type="checkbox"/> Fire	Container Type	<u>BA</u>
Substance Number: <u>3622</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>16</u>
CAS Number: <u>9002-86-2</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>15</u>
DOT Number: <u>---</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (x) or Mixture () <i>Check one</i>		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid (x) Liquid () or Gas () <i>Check one</i>		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Raw Materials Warehouse (1a, 1b)</u>		
Name: <u>Propane</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>TA</u>
Substance Number: <u>1594</u>		<input checked="" type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>13</u>
CAS Number: <u>74-98-6</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>1978</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () <i>Check one</i>		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>02</u>
Solid () Liquid () or Gas (X) <i>Check one</i>		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Adjacent to Boiler Room (bldg 3a)</u>		
Name: <u>Bis (2 ethylhexyl) phthalate</u>		<input type="checkbox"/> Fire	Container Type	<u>DS</u>
Substance Number: <u>0238</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>12</u>
CAS Number: <u>117-81-7</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>12</u>
DOT Number: <u>---</u>		<input checked="" type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure () or Mixture (X) <i>Check one</i>		<input checked="" type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas () <i>Check one</i>		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Raw materials Warehouse (1a, 1b)</u>		
Name: <u>Heating Oil</u>		<input checked="" type="checkbox"/> Fire	Container Type	<u>TA</u>
Substance Number: <u>2444</u>		<input type="checkbox"/> Sudden release of pressure	Max. daily inventory	<u>14</u>
CAS Number: <u>---</u>		<input type="checkbox"/> Reactive	Avg. daily inventory	<u>13</u>
DOT Number: <u>1993</u>		<input type="checkbox"/> Acute health effects	Days on site	<u>365</u>
Pure (X) or Mixture () <i>Check one</i>		<input type="checkbox"/> Chronic health effects	Storage pressure	<u>01</u>
Solid () Liquid (X) or Gas () <i>Check one</i>		<input type="checkbox"/> None per MSDS	Storage temperature	<u>04</u>
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Tank Farm</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	BA Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	BX Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	9G Bortles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	3P Bortles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	8N Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	cryogenic (freezing conditions)
		11 11 to 100 pounds	07 Cryogenic conditions (less than -200°C)
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Toluene Diisocyanate</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure (X) or Mixture () Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>TDI storage area - Rear of Building 2</u>		
Name: <u>Propane</u> Substance Number: <u>1594</u> CAS Number: <u>74-98-6</u> DOT Number: <u>1978</u> Pure (x) or Mixture () Check one Solid () Liquid () or Gas (X) Check one Trade Secret: () Check if claiming	(X) Fire (X) Sudden release of pressure () Reactive () Acute health effects () Chronic health effects () None per MSDS	Container Type <u>CY</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Location(s) <u>Southwest facility yard</u>		
Name: <u>Lithium Carbonate</u> Substance Number: <u>1124</u> CAS Number: <u>554-13-2</u> DOT Number: <u>---</u> Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive () Acute health effects () Chronic health effects (X) None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Powders Mfg. & Finished Goods (bldg 3c)</u>		
Name: <u>Toluene Diisocyanate</u> Substance Number: <u>3132</u> CAS Number: <u>26471-62-5</u> DOT Number: <u>2078</u> Pure () or Mixture (X) Check one Solid () Liquid (X) or Gas () Check one Trade Secret: () Check if claiming	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Prepolymer tank bldg 2</u>		
Name: <u>Sodium Nitrite</u> Substance Number: <u>2258</u> CAS Number: <u>7632-00-0</u> DOT Number: <u>1500</u> Pure (X) or Mixture () Check one Solid (X) Liquid () or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw materials warehouse (1a,1b)</u>		

CONTAINER CODES AND DESCRIPTIONS				INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	BA	Bag	20	Greater than 10 million pounds	<u>Pressure</u>
TB	Below ground tank	BX	Box	19	1,000,001 to 10 million pounds	01 Ambient* pressure
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds	02 Greater than ambient pressure
DS	Steel drum	CG	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	03 Less than ambient pressure
DP	Plastic drum	BP	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds	<u>Temperature</u>
DF	Fiber drum	BN	Tote bin	15	50,001 to 100,000 pounds	04 Ambient temperature
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	05 Greater than ambient temperature
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
				11	11 to 100 pounds	
				10	1 to 10 pounds	
				09	Less than 1 pound	
				¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.		
				*Ambient means "normal," "surrounding," or "room" conditions.		

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Please type all responses.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Maleic Anhydrite</u> Substance Number: <u>1152</u> CAS Number: <u>9003-54-7</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>BA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw Materials warehouse (1a,1b)</u>		
Name: <u>Aluminum Dust</u> Substance Number: <u>0054</u> CAS Number: <u>7429-90-5</u> DOT Number: <u>1383</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Powders Mfg. & Finished Goods (3C)</u>		
Name: <u>Isophorone diisocyanate</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw Materials Warehouse (bldg 1a,1b)</u>		
Name: <u>Isophorone Diisocyanate</u> Substance Number: <u>1068</u> CAS Number: <u>4098-71-9</u> DOT Number: <u>2290</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Prepolymer storage area (bldg.2)</u>		
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Rsw Materials warehouse (bldg 1a,1b)</u>		

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	BA Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
DS Steel drum	BG Bottles or jugs (glass)
DP Plastic drum	BP Bottles or jugs (plastic)
DF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure
01 Ambient pressure
02 Greater than ambient pressure
03 Less than ambient pressure
Temperature
04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200°C)

¹ *Ambient means "normal," "surrounding," or "room" conditions.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Location(s) <u>Tank Farm Behind Bldg 2</u>		
Name: <u>Diisocyanates</u> Substance Number: <u>3757</u> CAS Number: <u>N120</u> DOT Number: <u>---</u> Pure (X) or Mixture () <i>Check one</i> Solid (X) Liquid () or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	() Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Raw Materials Warehouse (bldg. 1a, 1b)</u>		
Name: <u>Naphthalene</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Waste Storage pad</u>		
Name: <u>Naphthalene</u> Substance Number: <u>1322</u> CAS Number: <u>91-20-3</u> DOT Number: <u>1334</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank Farm</u>		
Name: <u>Xylene</u> Substance Number: <u>2014</u> CAS Number: <u>1330-20-7</u> DOT Number: <u>1307</u> Pure () or Mixture (X) <i>Check one</i> Solid () Liquid (X) or Gas () <i>Check one</i> Trade Secret: () <i>Check if claiming</i>	(X) Fire () Sudden release of pressure () Reactive (X) Acute health effects (X) Chronic health effects () None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Tank farm</u>		

CONTAINER CODES AND DESCRIPTIONS

TA Above ground tank	BA Bag
TB Below ground tank	BX Box
TI Tank inside building	CY Cylinder
DS Steel drum	3G Bottles or jugs (glass)
OP Plastic drum	BP Bottles or jugs (plastic)
OF Fiber drum	BN Tote bin
CN Can	TW Tank Wagon
CB Carboy	RC Railcar
SI Silo	OT Other (Describe)

INVENTORY RANGE CODES¹

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure

01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

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SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Waste Pad</u>	
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>BX</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods warehouse (3b, 3c)</u>	
Name: <u>xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>CN</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>16</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>15</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse (3b, 3c)</u>	
Name: <u>Xylene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>DS</u>
Substance Number: <u>2014</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>1330-20-7</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1307</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Finished Goods Warehouse (3b, 3c)</u>	
Name: <u>Ethylbenzene</u>	<input checked="" type="checkbox"/> Fire	Container Type <u>TA</u>
Substance Number: <u>0851</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>100-41-4</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>1175</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Tank farm</u>	

CONTAINER CODES AND DESCRIPTIONS				INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES	
TA	Above ground tank	3A	Bag	20	Greater than 10 million pounds	<u>Pressure</u>
TB	Below ground tank	3X	Box	19	1,000,001 to 10 million pounds	01 Ambient* pressure
TI	Tank inside building	CY	Cylinder	18	500,001 to 1 million pounds	02 Greater than ambient pressure
DS	Steel drum	3G	Bottles or jugs (glass)	17	250,001 to 500,000 pounds	03 Less than ambient pressure
DP	Plastic drum	BP	Bottles or jugs (plastic)	16	100,001 to 250,000 pounds	<u>Temperature</u>
DF	Fiber drum	3N	Tote bin	15	50,001 to 100,000 pounds	04 Ambient temperature
CN	Can	TW	Tank Wagon	14	10,001 to 50,000 pounds	05 Greater than ambient temperature
CB	Carboy	RC	Railcar	13	1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	12	101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
				11	11 to 100 pounds	
				10	1 to 10 pounds	
				09	Less than 1 pound	
				¹		
				NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.		*Ambient means "normal," "surrounding," or "room" conditions.

NFO-094

S00500

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0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid () Liquid <input checked="" type="checkbox"/> or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Waste Pad</u>		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid <input checked="" type="checkbox"/> Liquid () or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>BX</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>finished goods warehouse (3b, 3c)</u>		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid <input checked="" type="checkbox"/> Liquid () or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods warehouse (3b, 3c)</u>		
Name: <u>ethylbenzene</u> Substance Number: <u>0851</u> CAS Number: <u>100-41-4</u> DOT Number: <u>1175</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid <input checked="" type="checkbox"/> Liquid () or Gas () Check one Trade Secret: () Check if claiming	<input checked="" type="checkbox"/> Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>DS</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished Goods Warehouse (3a, 3b)</u>		
Name: <u>Phenol</u> Substance Number: <u>1487</u> CAS Number: <u>108-95-2</u> DOT Number: <u>1671</u> Pure () or Mixture <input checked="" type="checkbox"/> Check one Solid () Liquid <input checked="" type="checkbox"/> or Gas () Check one Trade Secret: () Check if claiming	() Fire () Sudden release of pressure () Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects () None per MSDS	Container Type <u>CN</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Finished goods warehouse (3b)</u>		

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	3A Bag	20 Greater than 10 million pounds	Pressure
TB Below ground tank	3X Box	19 1,000,001 to 10 million pounds	01 Ambient pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
OS Steel drum	3G Bottles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
OP Plastic drum	3P Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	Temperature
OF Fiber drum	3N Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200°C)
		11 11 to 100 pounds	
		10 1 to 10 pounds	
		09 Less than 1 pound	

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00501

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0 2 3 2

PART 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION	
Name: <u>Phenol</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>DS</u>
Substance Number: <u>1487</u>			Max. daily inventory	<u>13</u>
CAS Number: <u>108-95-2</u>			Avg. daily inventory	<u>13</u>
DOT Number: <u>1671</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b)</u>		
Name: <u>Phenol</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>BX</u>
Substance Number: <u>1487</u>			Max. daily inventory	<u>12</u>
CAS Number: <u>108-95-2</u>			Avg. daily inventory	<u>12</u>
DOT Number: <u>1671</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b)</u>		
Name: <u>PVC</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>BX</u>
Substance Number: <u>3622</u>			Max. daily inventory	<u>18</u>
CAS Number: <u>9002-86-2</u>			Avg. daily inventory	<u>17</u>
DOT Number: <u>---</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b, 3c)</u>		
Name: <u>PVC</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>CN</u>
Substance Number: <u>3622</u>			Max. daily inventory	<u>17</u>
CAS Number: <u>9002-86-2</u>			Avg. daily inventory	<u>16</u>
DOT Number: <u>---</u>			Days on site	<u>365</u>
Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>Finished goods warehouse (3b, 3c)</u>		
Name: <u>PVC</u>		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type	<u>DS</u>
Substance Number: <u>3622</u>			Max. daily inventory	<u>14</u>
CAS Number: <u>9002-86-2</u>			Avg. daily inventory	<u>14</u>
DOT Number: <u>---</u>			Days on site	<u>365</u>
Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Check one			Storage pressure	<u>01</u>
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> or Gas <input type="checkbox"/> Check one			Storage temperature	<u>04</u>
Trade Secret: <input type="checkbox"/> Check if claiming		Location(s) <u>finished goods warehouse (3b, 3c)</u>		

CONTAINER CODES AND DESCRIPTIONS			INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA	Above ground tank	3A	3ag Bag	<u>Pressure</u>
TB	Below ground tank	3X	3ox Box	01 Ambient pressure
TI	Tank inside building	CY	Cylinder	02 Greater than ambient pressure
DS	Steel drum	3G	Bottles or jugs (glass)	03 Less than ambient pressure
DP	Plastic drum	3P	Bottles or jugs (plastic)	<u>Temperature</u>
DF	Fiber drum	BN	Tote bin	04 Ambient temperature
CN	Can	TW	Tank Wagon	05 Greater than ambient temperature
CB	Carboy	RC	Railcar	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI	Silo	OT	Other (Describe)	07 Cryogenic conditions (less than -200°C)

INVENTORY RANGE CODES ¹	
20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

¹ NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

*Ambient means "normal," "surrounding," or "room" conditions.

S00502

PART 2

0 2 9 4 4 8 0 0 0 0 0

0 2 3 2

1996 CHEMICAL INVENTORY REPORT

201 POLITO AVE.

Reporting Period: January 1 - December 31, 1996

Please type all responses.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION		HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Samples of Reported Substances</u>		() Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>		() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____		() Reactive	Avg. daily inventory _____
DOT Number: _____		() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>		() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>		() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Q.C. Lab - building 2</u>	
Name: <u>Samples of Reported Substances</u>		() Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>		() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____		() Reactive	Avg. daily inventory _____
DOT Number: _____		() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>		() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>		() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>		Location(s) <u>Corporate Building - 201</u>	
Name: _____		() Fire	Container Type _____
Substance Number: _____		() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____		() Reactive	Avg. daily inventory _____
DOT Number: _____		() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>		() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>		() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>		Location(s) _____	
Name: _____		() Fire	Container Type _____
Substance Number: _____		() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____		() Reactive	Avg. daily inventory _____
DOT Number: _____		() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>		() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>		() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>		Location(s) _____	
Name: _____		() Fire	Container Type _____
Substance Number: _____		() Sudden release of pressure	Max. daily inventory _____
CAS Number: _____		() Reactive	Avg. daily inventory _____
DOT Number: _____		() Acute health effects	Days on site _____
Pure () or Mixture () <i>Check one</i>		() Chronic health effects	Storage pressure _____
Solid () Liquid () or Gas () <i>Check one</i>		() None per MSDS	Storage temperature _____
Trade Secret: () <i>Check if claiming</i>		Location(s) _____	

CONTAINER CODES AND DESCRIPTIONS		INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	3A Bag	20 Greater than 10 million pounds	<u>Pressure</u>
TB Below ground tank	3X Box	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	CY Cylinder	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	3G Bottles or jugs (glass)	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	3P Bottles or jugs (plastic)	16 100,001 to 250,000 pounds	<u>Temperature</u>
DF Fiber drum	3N Tote bin	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	TW Tank Wagon	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	RC Railcar	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
SI Silo	OT Other (Describe)	12 101 to 1,000 pounds	cryogenic (freezing conditions)
		11 11 to 100 pounds	07 Cryogenic conditions (less than -200°C)
		10 1 to 10 pounds	*Ambient means "normal," "surrounding," or "room"
		09 Less than 1 pound	conditions.

¹ NOTE: Please see pages 14 thru 17 for gallons and cubic feet conversion factors.